Part C State Annual Performance Report for FFY13

Department for Public Health

January 30, 2015

Kentucky Public Health

Prevent. Promote. Protect.

Introduction

The Kentucky Early Intervention System (commonly known as First Steps) is comprised of fifteen (15) regional local lead agencies, Points of Entry (POE). The majority of POEs are funded through contracts with Local Health Departments and Comprehensive Mental Health Centers. One POE is jointly funded through a local hospital and a Comprehensive Mental Health Center. All service coordination is provided by POE staff. Early intervention providers are contracted by the State Lead Agency (SLA) to provide services within a specific catchment area. General Supervision is provided by staff at the SLA. The attached organization chart is a visual depiction of the Kentucky Part C system. Kentucky uses an online data management system known as the Technology-Assisted Observation and Teaming System (TOTS). TOTS provides an electronic early intervention record for each child referred to First Steps, along with financial and management data based on child data in the system. The Cabinet for Health and Family Services, Department for Public Health is the lead agency, designated by the Governor in 2004.

Stakeholder Input o Development of State Performance Plan/Annual Performance Report

Input from stakeholders in Kentucky has been a continual process since the program was transferred from the Commission for Children with Special Health Care Needs to the Department for Public Health in July 2004. Stakeholders have included parents, Early Intervention Service Providers, State Lead Agency (SLA) staff, contracted staff, Interagency Coordinating Council (ICC) members, Point of Entry (POE) staff (including Service Coordinators), Primary Level Evaluators, and Intensive Level Evaluators. All geographic and population density areas of the state have been represented.

The process of developing the State Performance Plan/Annual Performance Report (SPP/APR) includes gathering data, cleaning and verifying data, and writing of narrative portions of the APR. Specific input from stakeholders with interest or expertise in the indicator area (topic) assists as needed with the drafting of the APR. The stakeholder groups also recommend revisions to improvement activities after evaluating the status. Each year a formal presentation of the SPP/APR is provided to the ICC. Discussion of each indicator is held with suggested revisions provided to the SLA. The ICC has certified the APR each year due to this collaborative process for development.

Annually, the SPP and APR are both posted on the First Steps website at:
http://chfs.ky.gov/dph/firstSteps/First+Steps+Annual+Reports.htm upon submission to the US Department of Education, Office of Special Education Programs.

Each year the SPP and Annual Performance Report (APR) is presented to the Interagency Coordinating Council (ICC) for input on the document. Any revision to a target is first developed by a workgroup with knowledge and expertise concerning the Indicator. Then, the proposed targets are disseminated to the First Steps listserv (over 1300 interested parents, advocates, early intervention providers, university and college faculty, and representatives of various state and local agencies). The proposed targets are also posted on the First Steps website with informaton on how to submit feedback. Feedback is also sought from the ICC as well prior to the formal certiifcation of the SPP/APR.

Dissemination of the SPP to the Public
The SPP is published on the First Steps website upon submission to OSEP. The web address is: http://chfs.ky.gov/dph/firststeps.htm. Interested parties without web access can contact the State Lead Agency for a copy. In addition, all of the public libraries in Kentucky have web access, so anyone in Kentucky could access the web and thus the report at the local public library. The same method is used for dissemination of the Annual Performance Report (APR). A yearly article in the First Steps newsletter is an "APR Results At-A-Glance".

General Supervision

Various methods are used to assess compliance with regulation and contract. Checklists that identify each regulatory item for the early intervention record allows for indication of what was reviewed—the online data management system, TOTS, and/or the hard copy file. Interview questions are tailored to the role being assessed—POE Manager, Service Coordinator, District Child Evaluation Specialist, Administrative Staff, or Early Intervention Services Provider. Other methods used to support General Supervision include time and effort studies, analysis of multiple reports (trend reports, ad hoc reports specific to an area of concern or question, faxed verification documents) and review of anecdotal information from parents and early intervention service providers.

Contracts with the POEs and early intervention providers require compliance with all applicable federal and state statutes and regulations. Contracts are enforced with noncompliance addressed by corrective action plans, technical assistance,

and training. Failure to correct noncompliance in a timely manner results in sanctions that range from restricting services to financial penalties, and ultimately, contract termination.

The SLA has a variety of enforcement actions to use in conjunction with local determinations, lack of timely correction of noncompliance, or other circumstances that warrant SLA actions. Enforcement actions include, but are not limited to:

- Required POE or Provider selected on-site technical assistance;
- SLA prescribed on-site technical assistance;
- On-site technical assistance with POE administration, including fiscal agency management;
- Required increased frequency of technical assistance phone calls to POE Manager that addresses areas of concern and noncompliance;
- Focused onsite monitoring on a specific area of noncompliance;
- Development or revision of a professional development plan to include identifying and implementing profession development related to the areas of noncompliance;
- POE and/or service provider required to complete record reviews at a frequency determined by the SLA and verified by the SLA staff;
- POE linked to other districts or service providers demonstrating best practices in the identified area(s) of noncompliance for mentoring;
- POE Manager and/or service providers required to collect and analyze data related to area(s) of noncompliance at a frequency determined by the SLA and reviewed with SLA staff;
- Required meeting with POE Administration, District Early Intervention Council (DEIC) Chairperson, SLA staff and Part C Coordinator to discuss barriers to compliance, Corrective Action Plan strategies and additional avenues for technical assistance and support;
- Withhold district POE payments, or if it is determined that one or more provider/providers are responsible for an area of noncompliance, withhold payment from the provider(s);
- Recover funds; and
- Terminate the district POE contract or, if it is determined that one or more providers are responsible for an area of noncompliance, terminate the provider contract(s).

Comprehensive Reviews (POE and Providers)

Comprehensive reviews are conducted on POEs and Early Intervention Providers periodically. The Comprehensive Review consists of an on-site review of a sampling of the hard copy early intervention records maintained by the POE. Staff are also interviewed using targeted questions addressing specific tasks. Early Intervention Provider's records are reviewed based upon a sampling of their caseload.

Each record reviewed on-site undergoes a desk audit of the electronic record in TOTS. This process includes review of the child and family assessments, IFSPs, service logs, transition (if applicable), and communication logs. Signed forms are matched to entries in TOTS to verify dates. A formal detailed report is sent to the POE or Early Intervention Provider, citing instances of noncompliance and requirements for corrective action.

Monthly POE Data Reports

POEs are required to submit monthly data reports for the State Performance Plan compliance indicators 1(provision of timely services), 7 (IFSP within 45 days), and 8C (timely transition conference). POE Managers must review all instances of missed timelines and verify the accuracy of the reason for delay. The data reports are then verified by SLA staff. Cases where there is a disagreement between the POE Manager and SLA staff are referred back to the POE Manager for additional review and clarification. Final resolution is determned by the SLA.

Desk Audits of the POEs and Early Intervention Providers

Kentucky SLA staff routinely conducts desk audits of three specific areas of service delivery to assess fidelity and quality:

- Family Assessment fidelity checks—POE Managers conduct fidelity checks on the Family Assessments done by their staff. A representative sample of cases are reviewed using a checklist specifically designed for the *Routines-Based Interview*© process adopted by Kentucky. SLA staff, who are certified trainers in the *Routines-Based Interview*©, review the fidelity reports and provide technical assistance as needed.
- Assessment and Progress Report Reviews—Assessment reports and progress reports are reviewed through a desk audit. Both reports are entered into TOTS by the provider and assessment reports are tied to payment. Manual review for payment approval includes verification that the report is complete with no errors such as missing scores, wrong child's name in report, etc. Assessment data entry required for child outcomes measurement is also verified. Progress Reports are reviewed for use of data to support narrative description of progress. Both types of reports are checked for compliance to timelines for entry.
- Provider Service Log Reviews—Service logs are reviewed periodically for:

- Delivery of appropriate early intervention services;
- Implementation of Primary Service Provider model;
- Connection of services to IFSP outcomes; and,
- Consistency with concerns/priorities identified in the Family Assessment.

Billing Audits of the POEs and Early Intervention Providers

Review of the billing records for a POE or Early Intervention Provider are conducted when there is a suspicion of billing irregularities. Claims are matched to the IFSP authorizations and service logs. Should billing irregularities be identified, the review is forwarded to the Office of the Inspector General for further investigation. The provider agency is suspended from new referrals while the investigation is pending. In the case of a POE, payment of submitted invoices are suspended (in part or in full) while the investigation is pending.

District Determinations

All State Performance Plan indicators (compliance and results) are assessed as part of the District Determination process. District Determinations are issued in June (within the timelines established by law) and posted on the website. Each indicator is assigned a point value based upon exceeding/meeting or not meeting the target for the indicator. The total point score is then compared to a scale that provides the cut-off score for each level of the determination (Meets Requirements, Needs Assistance, Needs Improvement, and Needs Substantial Improvement). Any POE that does not achieve "Meets Requirements" must participate in technical assistance. POEs that achieve a designation of Needs Improvement or Needs Substantial Improvement must implement a state-directed corrective action plan.

Corrective Action Plans (CAP)

The CAP is a plan that is implemented by the POE or early intervention provider. It describes a set of integrated strategies that address contributing factors impacting noncompliance and performance of SPP/APR indicators or other areas of noncompliance. CAP strategies are designed to ensure correction of noncompliance as soon as possible but no later than one year from the date of the SLA's written notification of the finding.

POE CAP

POE, in collaboration with district stakeholders, is responsible for developing a CAP following completion of the investigation of contributing factors (local contributing factor tool) of noncompliance. SLA staff supports the POE in investigating contributing factors and in developing the CAP. The CAP must address all areas of noncompliance identified by the state and is a plan of correction for the POE and its providers. The POE submits a final CAP to the SLA by August 15th when the CAP is associated with the SPP/APR. The SLA notifies the POE of approval of the CAP by August 31st and in collaboration with each POE, establishes benchmarks in CAP for each indicator that has noncompliance. If a CAP is not approved by the SLA, SLA staff will work with the POE to revise the CAP and gain approval within 30 days of the written notification of disapproval. POE is responsible for implementing CAP strategies and reviewing data to ensure progress in accordance with established CAP benchmarks. SLA staff will provide support to the POE in implementing the CAP.

CAPs that involve contract obligations or related items are handled in a similar manner but approval date by the SLA is dependent upon the issue found to be noncompliant.

Early Intervention Service Provider CAP

Early Intervention Service Providers (Provider) may be responsible for developing a CAP following completion of the investigation of contributing factors (local contributing factor tool) of noncompliance. SLA staff supports the provider in the investigation of contributing factors and in developing the CAP. The CAP must address all areas of noncompliance identified by the state. The provider submits a final CAP to the SLA by the date designated by the SLA. The SLA notifies the POE of approval of the CAP no later than thirty (30) days from date of submission and in collaboration with the provider, establishes benchmarks in CAP for each noncompliance. If a CAP is not approved by the SLA, SLA staff will work with the Provider to revise the CAP and gain approval within 30 days of the written notification of disapproval. The Provider is responsible for implementing CAP strategies and reviewing data to ensure progress in accordance with established CAP benchmarks. SLA staff provides support to the provider in implementing the CAP.

CAPs that involve contract obligations or related items are handled in a similar manner but approval date by the SLA is dependent upon the issue found to be noncompliant.

State-Directed CAPs

There are instances where the POE or Provider has committed a noncompliance that has no variation in the actions required for correction. The SLA develops the CAP by identifying the strategies the POE or Provider must take for correction.

Dispute Resolution System

Kentucky adopted the Part C dispute resolution provisions of the Individual with Disabilities Education Act.

Complaint Investigations: Formal Complaints

A formal complaint is defined as a written, signed complaint. All formal complaints are investigated as appropriate within sixty (60) days of receipt of the complaint.

- During the investigation process the Early Intervention Provider is suspended from receiving new referrals but is allowed to continue to provide ongoing services for the children currently on his or her caseload.
- The investigation involves a desk audit of the TOTS records for other children on the provider's current caseload as well as interviews of other parents to determine if the complaint is a systemic issue for the Provider.
- Once the investigation is completed the Provider is either released from the suspension with no finding of noncompliance or is released from the suspension with a finding of noncompliance.
- When a finding of noncompliance is issued to the provider the Provider either develops a corrective action plan or is placed under a state directed corrective action plan.
- The complainant is notified of the investigation findings.

Complaint Investigations: Informal Complaints

Informal complaints are defined as complaints that are not written but rather are provided to the SLA and/or POE by telephone or email. The issue is not related to a specific child or to systemic issues related to regulation but may involve topics such as late arrival for service provision, late response to phone calls, number of referrals another provider receives, etc. Informal complaints are tracked for monitoring of trends related to a particular service provider or service delivery area. Receipt of at least three informal complaints about an Early Intervention Provider is investigated as a formal complaint.

Mediation

Each POE ensures that parties may resolve disputes concerning the identification, evaluation, placement of the child or the provision of appropriate early intervention services through a mediation process. This process is available if a due process hearing is requested. The Department for Public Health has a mediation system that is voluntary and does not deny or delay a parent's right to a due process hearing to be conducted at any time. Both parties in the dispute must agree to use mediation. Children continue to receive the early intervention services currently being provided during the interim of any proceeding involving a complaint. If the complaint involves the application for initial services, the child receives the services that are not in dispute.

Within five (5) working days after a request for mediation is made to the SLA using a Mediation/Due Process Request Form, a trained mediator is appointed. One of the parties may waive the mediation and, if waived, the parents are informed by the SLA within two (2) working days of this decision. Mediation is completed within thirty (30) working days of the receipt by the SLA of the request for mediation.

At any time during the mediation process, a request for a due process hearing may be initiated. If the parties resolve a dispute through the mediation process, the parties execute a legally binding agreement that is signed by both the parent and a representative of the SLA who has the authority to enter into an agreement. A copy of the legally binding agreement is then mailed by the mediator to each party within five (5) working days following the mediation conference. A copy shall be filed by the mediator with the SLA. Discussions that occur during the mediation process are confidential and cannot be used as evidence in any subsequent due process hearing or civil proceeding. The parties to the mediation process are required to sign a confidentiality pledge prior to the start of the mediation.

Due Process Hearings for Parents and Children

An administrative hearing is conducted within fifteen (15) days of receipt of a request for hearing by an impartial hearing officer appointed by the Secretary of the Cabinet. The hearing is conducted in accordance with the requirements of state law, KRS Chapter 13B.080. A recommended decision conforming in content to the requirements of KRS 13B.110 is forwarded to the family and the Cabinet within ten (10) days of the administrative hearing. A final decision on the recommendation by the administrative hearing officer shall be made no later than thirty (30) days by the Secretary of the Cabinet.

Technical Assistance

The State Lead Agency (SLA) has dedicated staff for training and technical assistance that includes the Part C Assistant Coordinator, two technical assistance positions located at the SLA, and one part-time technical assistance position located in Bowling Green, KY (shared position with Kentucky Birth Surveillance Registry). SLA staff addresses implementation of early intervention practices in the provision of the technical assistance, emphasizing evidence-based practices.

Contracts with University of Kentucky and University of Louisville staffs provide technical assistance on assessment and evaluation practices for both Point of Entry staff and early intervention providers.

Additional training and technical assistance is provided by other SLA staff as needed and typically related to general supervision. SLA staff assists districts in understanding and analyzing district data, developing and monitoring CAPs and self-assessments, and in providing ongoing training related to compliance. Indirect technical assistance is provided through newsletter articles and webinars highlighting specific evidenced-based practices.

Professional Development
On-going training is required for all service personnel in First Steps. This is established in contract for Point of Entry staff and all Early Intervention Service Providers. Training must have prior approval by the State Lead Agency (SLA) for credit hours to meet contract requirements. Training is provided through webinar, online modules and face-to-face. The SLA purchased the Adobe Connect system for webinar and online training purposes approximately three years ago. The system provides a learner tracking system so that the SLA can monitor compliance to required trainings. Initially, significant staff time was needed to learn the system and develop the core online training modules. Modules are added and/or revised when needed.

The SLA also contracts for the provision of specific training:

- University of Louisville provides training to POE Managers and DCESs.
- University of Kentucky provides training for approved assessment instruments (used for outcome measures) and operation of the online data entry portal.
- The Visually Impaired Preschool Services (VIPS), a private agency located in Louisville, provides training on evidenced-based interventions for infants and toddlers with visual impairments.
- Wendell-Foster Campus for Developmental Disabilities hosts an online assistive technology community of practice.

SLA Training Initiatives

Early Identification of Autism: Beginning in 2011, the SLA launched an initiative to support early identification of Autism Spectrum Disorders. This ongoing initiative was an interagency approach with representatives of the Kentucky Department of Education and Department of Behavioral Health, Intellectual and Developmental Disabilities participating in training events. Initial training focused on screening. Participants received child find materials adapted from the Centers for Disease Control "Act Early" campaign and were trained on the administration of the *M-CHAT Revised* and the *Screening Tool for Autism in Toddlers (STAT)* screening instruments. Later trainings introduced the administration of *The Autism Diagnostic Observation Schedule (ADOS)* to the District Child Evaluation Specialists. Reliability training is the follow-up on this specific instrument.

Working with Toddlers with Autism: An extensive course on autism was developed for early intervention service providers. This training involves multiple sessions that includes webinars, face-to-face sessions, and follow-up coaching/problem-solving sessions. Two Hanen Centre programs were provided for specific early intervention provider types: *Target Word*© was provided to speech and language pathologists who had completed the prerequisite course, *It Takes Two to Talk*©, and *Everyday Interactions for Early Intervention*© was provided to developmental interventionists and occupational therapists. Future planned trainings to support this initiative include a series of hybrid training (combination face-to-face and online) on Sensory Processing in Natural Contexts. Topics include:

- sensory processing assessment with differential diagnostic considerations;
- strengths-based practices overview;
- documentation of coaching and skill transfer using strengths-based language; and,
- imbedding interventions with natural context.

Family Assessment: The SLA also targeted the Family Assessment for significant improvement. The three training and technical assistance staff at the SLA obtained certification as trainers of *The Routine-Based Interview*© by Robin

McWilliam. Dr. McWilliam was then contracted to train one service coordinator from each of the POEs; those who became certified trainers in this process are regional support to help build local capacity. All service coordinators are trained in *The Routine-Based Interview*© and periodic fidelity checks are conducted by both the POE Managers and the SLA certified trainers. Coaching is provided regularly to address issues uncovered in the fidelity checks and to keep service coordinators aware of the critical importance this evidence-based practice has in the development of IFSPs.

Improved Assessment Reports: The SLA convened a workgroup to identify needed revisions to the TOTS assessment report template that would drive strength-based assessment reports in 2012. Subsequently, guidance documents and examples of well-written reports have been disseminated. An online module for the Adobe training system is currently under development.

Training Collaboration with Other State Initiatives

Help Me Grow and HANDS Home Visiting: Collaborative training on the *Ages& Stages Questionnaire* screeners is conducted with First Steps, Help Me Grow, and HANDS home visiting staffs.

Race to the Top-Early Learning Challenge (RTT-ELC) Grant: First Steps is represented on the Training and Technical Assistance workgroup of the Kentucky Strengthening Families Initiative. This major activity for family engagement is one of the major activities cited in the Race to the Top Early Learning Challenge grant awarded to Kentucky and overseen by the Governor's Office of Early Childhood. At this point, training has begun with over fifteen different agencies and programs. First Steps also participates in the planning of the annual Ready Kids Conference, which addresses issues for the age span of birth to five.

Governor's Office of Early Childhood, Early Childhood Advisory Council (ECAC): First Steps is a participating program on the Professional Development workgroup of the Early Childhood Advisory Council (ECAC). Representatives of First Steps are part of the group who will review the Early Learning Standards online modules developed by KET public television. As the quality rating system for early childhood activities roll-out as planned in the RTT-ELC, opportunities for joint training and other collaborations will occur.

Governor's Advisory Council on Autism Spectrum Disorder: The Part C Coordinator is an appointed member of this Council and sits on the Early Childhood Subcommittee. Opportunities for collaboration regarding training will be identified by this committee. Prior to the Council formation, First Steps assisted the ad hoc group with grant writing for funds to support early identification of very young children with Autism Spectrum Disorder.

Early Hearing Detection and Intervention (EDHI): The lead agency for EDHI, the Commission for Children with Special Health Care Needs (CCSHCN), and First Steps has worked together for approximately four (4) years to identify and treat infants with hearing loss. Through a grant, the CCSHCN has provided Otoacoustic Emissions (OAE) equipment to POEs and provides the necessary training for optimal use.

Kentucky Commission for Deaf and Hard of Hearing and Statewide Educational Resource Center on Deafness: A memorandum of agreement has been developed to support parent training (using the SKI-HI Curriculum) provided by the Statewide Resource Center on Deafness in conjunction with the Kentucky Commission for Deaf and Hard of Hearing.

Division of Child Care: First Steps participates in planning for the Infant-Toddler Institute along with representatives of child care and HANDS. This Institute will be held as regional meetings for the first time in 2015.

Indicator 1: Timely Provision of Services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data and Targets

Historical Data

Baseline Year: ___2005___

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	79%	80%	81%	74.70%	87%	91%	98.82%	99.61%

FFY 2013 – FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

Targets: Description of Stakeholder Input

Please refer to the Stakeholder Input section in the Introduction

FFY 2013 Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2013 Data
6958	7012	99.87%

What is the source of the data provided for this indicator?

____ **State monitoring**

Describe the method used to select EIS programs for monitoring.

X **State database**

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2013 through June 30, 2014

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Every IFSP (initial, annual, six-month, and requested review IFSPs) is entered into TOTS, the online database management system. Planned services, the section of the IFSP that contains all services to be provided during the period of the IFSP, also serves as the authorization for each service. The date of the IFSP meeting is matched to the date of service delivery for the first payment claim and the number of days between date of the IFSP and date of service is calculated. A report (Timely Services) is available for the time period designated that lists every initial date of service for all IFSPs during the reporting period. Timely Services reports are reviewed monthly at the Point of Entry, then verified by the State Lead Agency staff. As part of the preparation of the State Performance Plan report, a different State Lead Agency staff person reviews and verifies the state report. The

results are then compared with the monthly reports submitted as part of general supervision for consistency.

Additional Information for this Indicator:

Forty-five initial services were delivered beyond 30 days of the IFSP meeting. This is 0.13% of all initial services. The range in days late was one (1) to forty-nine (49) days. Six (6) children received late initial services due to the a change in foster homes and the time it took to be notified of the new foster home location and foster parent. Early intervention providers and the service coordinators for these children had to wait on child protective services caseworkers. Thirty-nine (39) late cases were the fault of the provider who did not schedule the first visit during the thirty (30) day window. 80% or thirty-six (36) cases had services delivered within thirty-eight (38) days with the majority of those services delivered within thirty-two (32) days.

A change in the practice of service coordinators appears to have a positive impact on this indicator. Those who had the early intervention providers schedule the initial service visit before leaving the IFSP meeting or who periodically called to prompt the provider to get the visit scheduled had very few or no late services. Several POE Managers held meetings with early intervention providers that addressed the importance of timely service delivery that can also be attributed to compliance with this indicator.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table not including correction of noncompliance

No actions required

Correction of Previous Findings of Noncompliance

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	8	0	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each Local Lead Agency (LLA) with noncompliance is correctly implementing the regulatory requirements

The SLA verified correction of findings by implementing the following steps:

1. Reviewed child's record on the TOTS system focusing on date of the IFSP and the date of initial service delivery according to service logs entered by the provider in TOTS. Billing claims were also reviewed to match service log. Each finding of noncompliance was checked to ensure that services were delivered, even when later than 30 days from the IFSP date.
2. Reviewed data to determine if the reason for delay was a family-driven reason, service provider-driven reason or if the data were a result of a computer programming error.
3. Providers who were found to have delayed timely services were notified that the delay was unacceptable. The notice informed the provider that additional instances of noncompliance would result in suspension of their contract to provide early intervention services.
4. Monthly desk audits of the POE performance on this indicator were conducted to ensure that the applicable regulations were implemented properly.

Describe how the State verified that each LLA corrected each individual case of noncompliance	The SLA verified correction of individual child findings by implementing a simliar process as described to verify correction by the POE (local lead agency): 1. Reviewed each child's record with a finding of non-compliance on the TOTS system focusing on date of the IFSP and the date of initial service delivery according to service logs entered by the provider in TOTS. Billing claims were also reviewed to match service log. Each finding of noncompliance was checked to ensure that services were delivered, even when later than 30 days from the IFSP date. 2. Reviewed data to determine if the reason for delay was a family-driven reason, service provider-driven reason or if the data were a result of a computer programming error. 3. Providers who were found to have delayed timely services were notified that the delay was unacceptable. The notice informed the provider that additional instances of noncompliance would result in suspension of their contract to provide early intervention services. 4. Quarterly desk audits of the provider's performance on this indicator were conducted to ensure that the applicable regulations were implemented properly.

Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data and Targets

Historical Data

Baseline Year: ___2005___

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		98.70%	98.70%	98.70%	98.70%	98.70%	98.70%	98.70%
Data	98.70%	99.30%	99.50%	99.50%	99.40%	99.50%	99.56%	99.56%

FFY 2013 – FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	98.70%	98.70%	98.70%	98.70%	98.70%	98.70%

Targets: Description of Stakeholder Input

See Stakeholder Inputsection in Introduction

FFY 2013 Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2013 Data
4129	4163	99.18%

Required Actions

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

None

Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

A. **Positive social-emotional skills (including social relationships);**
B. **Acquisition and use of knowledge and skills (including early language/ communication); and**
C. **Use of appropriate behaviors to meet their needs.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data and Targets

Historical Data

	Baseline Year	FFY	2008	2009	2010	2011	2012
A1	2008	Target ≥		62%	72%	71.50%	80%
		Data	70.10%	66.80%	92%	91%	90%
A2	2008	Target ≥		31%	60%	61%	62.50%
		Data	48.10%	62.40%	55%	52%	73%
B1	2008	Target ≥		50%	63%	76%	85%
		Data	61.80%	67.70%	95%	95%	93%
B2	2008	Target ≥		26%	55%	56%	57.50%
		Data	28.80%	57.40%	48%	48%	75%
C1	2008	Target ≥		50%	62%	76%	80%
		Data	57.30%	67.20%	90%	90%	88%
C2	2008	Target ≥		26%	52%	53%	54.50%
		Data	29.10%	56.70%	30%	29%	58%

FFY 2013 – FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A1 ≥	86%	86.01%	86.02%	86.03%	86.04%	86.05%
Target A2 ≥	68.98%	68.98%	68.99%	69%	69%	69%
Target B1 ≥	90.66%	90.66%	90.67%	90.6%8	90.69%	90.70%
Target B2 ≥	71.54%	71.54%	71.55%	71.55%	71.55%	71.55%
Target C1 ≥	85.77%	85.77%	85.78%	85.79%	85.80%	85.80%
Target C2 ≥	53.80%	53.80%	53.81%	53.82%	53.83%	53.84%

Targets: Description of Stakeholder Input

Kentucky monitors child outcome data through a system that is based on the *Kentucky Early Childhood Standards* (KDE, 2002; Revised 2012), which were developed for all children ages birth to five years. This system was adopted by Part C in 2006-2007 and has been used since that time for Office of Special Education Programs (OSEP) child outcome and summary statement reporting.

The University of Kentucky (UK) houses the Kentucky Early Childhood Data System (KEDS). KEDS is a web-based platform for gathering data from multiple providers for progress monitoring on the *Kentucky Early Childhood Standards* (KDE, 2002; Revised 2012) and OSEP child outcome and summary statements. Demographic data for each child were

gathered through the Technology-Assisted Observation and Teaming Support System (TOTS), downloaded to KEDS, and verified by providers across the state. Considerable training and technical assistance for Early Intervention Service Providers, Part C state staff, and POE administrators has been provided to help ensure accuracy of data. Assessment data were entered in KEDS online by a designated IFSP team member, the Primary Service Provider. Since October 2010, KEDS online included a verification step to ensure that all *initial* assessments were complete in KEDS prior to payment to providers for the assessment. As of September 2011, all *annual* assessments also were required to be entered in KEDS prior to payment. These steps significantly increased the number of complete assessments in KEDS with which to inform data analyses.

Data analysis for OSEP reporting is based on two levels of detailed crosswalks. First, specific items on each approved assessment instrument were aligned to the *Kentucky Early Childhood Standards* (KDE, 2002) and benchmarks by the publishers of the approved assessment instruments. These alignments were reviewed, revised, and approved by state early childhood staff at both the SLA and Kentucky Department of Education. Then, each instrument crosswalk was reviewed by an expert panel (including assessment and child development expert representatives) to ensure coverage of the developmental continuum as well as alignment with Kentucky standards and benchmarks. The expert panel mapped individual items to benchmarks, and then age-anchored all items.

Each year, a workgroup group reviews Indicator 3 data and compares it to previous years' data as well as any national data available from the Early Childhood Outcomes Center. Due to the growth in the data pool and shifts attributed to that growth, targets are reviewed. The workgroup conducts a thorough study of the targets, current performance results, and past performance and targets to determine if the targets are appropriate. A set of revised targets are then presented to the larger stakeholder group who reviews the SPP/APR for input.

FFY 2013 Data

Number of infants and toddlers with IFSPs assessed	3050

Outcome A: Positive social-emotional skills (including social relationships)

	Number of children
a. Infants and toddlers who did not improve functioning	106
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	155
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	685
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	969
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1135

	Numerator	**Denominator**	**FFY 2013 Data**
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program *Expected calculation: (c+d)/(a+b+c+d)*	1654	1915	86.37%
A2. The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program *Expected calculation: (d+e)/(a+b+c+d+e)*	2104	3050	68.98%

Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

	Number of Children
a. Infants and toddlers who did not improve functioning	56
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	121
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	691
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1028
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1154

	Numerator	Denominator	FFY 2013 Data
B1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program *Expected calculation: (c+d)/(a+b+c+d)*	1719	1896	90.66%
B2. The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program *Expected calculation: (d+e)/(a+b+c+d+e)*	2182	3050	71.54%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children
a. Infants and toddlers who did not improve functioning	79
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	294
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1036
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1213
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	428

	Numerator	Denominator	FFY 2013 Data
C1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program *Expected calculation: (c+d)/(a+b+c+d)*	2249	2622	85.77%

C2. The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program *Expected calculation: (d+e)/(a+b+c+d+e)*	1641	3050	53.80%

Was sampling used? ____No___

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? ___No____

If not, provide the criteria for defining "comparable to same-aged peers" and list the instruments and procedures used to gather data for this indicator.

Three assessment instruments were selected for monitoring children's progress: the *Assessment, Evaluation and Programming System for Infants and Children Second Edition* (*AEPS;* Bricker et al. 2002) for children aged birth to three years, the *Carolina Curriculum for Infants and Toddlers with Special Needs* (*CCITSN*; Johnson-Martin et al., 2004), and the *Hawaii Early Learning Profile* (*HELP;* Parks, 2006) for children aged birth to three years. These instruments were selected based on their use in the field, their technical adequacy, use of functional goals and multiple domains, utility for diverse populations, use of multiple modalities for collecting data, involvement of families, and ease of administration.

Initial evaluators and Primary Service Providers (PSP) use one or more of these instruments to assess children at entry to Part C, prior to the annual IFSP, and prior to exit from Part C. Each item from the periodic assessment instrument is entered into the data entry portal at the Kentucky Early Childhood Data System (KEDS).

To determine an age anchor, the panel utilized the age intervals already identified by the assessment, compared items in question to those similar items from other assessments, and examined where items fell on recommended behavioral sequences. All items were then assigned to a three (3) month age band to determine "age-appropriate functioning." A second level crosswalk was then completed so that Kentucky's benchmarks and standards were linked to the three OSEP child outcomes.

Required Actions

Actions and Responses required in FFY 2012 response table

The State must report progress data and actual target data for the FFY 2013 in the FFY 2013 APR. Both progress data and actual target data are included in this report for FFY13. See the FFY 13 data section.

Additional Information

A significant increase in the number of children with complete assessments, over a thousand children, occurred during this reporting year despite a lower number of children exiting First Steps during FFY13. The FFY13 results represent 3050 children which is 75% of exiting children (n=4091). The FFY12 report was based on 2033 children, which was 47% of the total exiting children (n=4369). Emphasis on the importance of assessment and it's use in IFSP service planning and increased focus on the percentage of usuable data at each POE appears to have influenced this positive trend. State lead agency policies regarding payment for complete initial and annual assessments also contibuted to the increased data pool. Assessment claims are not approved withou timely completion of the written assessment report and outcome data entry.

Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

A. **Know their rights;**
B. **Effectively communicate their children's needs; and**
C. **Help their children develop and learn.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data and Targets

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A	2007	Target ≥				84.20%	85.20%	86.20%	86.80%	87.00%
		Data		82.20%	83.20%	86.48%	94.10%	97.81%	97.80%	95.99%
B	2007	Target ≥				75.30%	76.30%	77.30%	80%	80%
		Data			74.30%	92.01%	93.10%	98.22%	97.80%	96.95%
C	2007	Target ≥				90.10%	90.60%	91.10%	91.50%	91.80%
		Data		89.60%	89.60%	92.68%	92.10%	96.53%	96.76%	97.07%

In review of the historical data, there were a few corrections that were noted. The baseline year was corrected from 2006 to 2007. Percentages were incorrect in 2006 for A, B and C and for B and C in 2007. There was also a correction made in the target for 2010 section C from 91.60% to 91.1%.

Other historical data to consider:
In FFY 2008, KY changed the survey used for collecting data on Indicator 4. Use of the Early Childhood Outcomes Center (ECO) Family Survey was adopted after a thorough discussion by stakeholders held December 15, 2007 based on the poor response rate using the NCSEAM Parent survey. At that time, all families with children with IFSPs were surveyed.

In FFY 2010, KY altered the method of dissemination of the Family Survey. As a cost saving measure an online version of the survey was available to families with email addresses. Sampling was also instituted. A list of families whose child had participated in First Steps within a 120 day period was pulled from TOTS. (These families were sent the online version and/or the hard copy version of the family survey.) From that list, all families that had an email address were sent an online survey to complete. Once the deadline for the online surveys was complete, a list of the remaining names and addresses of the First Steps program participants (census) was generated by TOTS. Only families who did not respond to the online survey were sent a hard copy survey through the mail. The hard copy of the survey was printed on the front and back pages in English and Spanish. (In the past, all families were surveyed by paper surveys who had received early intervention services during the full year.) The changes in the population surveyed were approved by the state's OSEP project officer in FFY 2010.

FFY 2013 – FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A ≥	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%
Target B ≥	99.52%	99.52%	99.52%	99.52%	99.52%	99.52%
Target C ≥	99.03%	99.03%	99.03%	99.03%	99.03%	99.03%

Targets: Description of Stakeholder Input

Please refer to the stakeholder section of the SPP/APR Introduction

FFY 2013 Data

Number of respondent families participating in Part C	1447
a. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1439
b. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	1440
c. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1433

	FFY 2013 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights *(a divided by the number of respondent families participating in Part C)*	99.45%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs *(b divided by the number of respondent families participating in Part C)*	99.52%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn *(c divided by the number of respondent families participating in Part C)*	99.03%

Was sampling used? ____YES ___

If so, has your previously-approved sampling plan changed? ___No___

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

In FFY 2008, KY changed the survey used for collecting data on Indicator 4. Use of the Early Childhood Outcomes Center (ECO) Family Survey was adopted after a thorough discussion by stakeholders held December 15, 2007 based on the poor response rate using the NCSEAM Parent survey. At that time, all families with children with IFSPs were surveyed.

In FFY 2010, KY altered the method of dissemination of the Family Survey. As a cost saving measure an online version of the survey was available to families with email addresses. Sampling was also instituted. A list of families whose child had participated in First Steps within a 120 day period was pulled from TOTS. (These families were sent the online version and/or the hard copy version of the family survey.) From that list, all families that had an email address were sent an online survey to complete. Once the deadline for the online surveys was complete, a list of the remaining names and addresses of the First Steps program participants (census) was generated by TOTS. Only families who did not respond to the online survey were sent a hard copy survey through the mail. The hard copy of the survey was printed on the front and back pages in English and Spanish. (In the past, all families were surveyed by paper surveys who had received early intervention services during the full year.) The changes in the population surveyed were approved by the state's OSEP project officer in FFY 2010.

Was a collection tool used? ___Yes____

If so, is it a new or revised collection tool? _New tool adopted in 2008 and approved by OSEP in 2008_
Does the data accurately represent the demographics of the State? ___Yes___

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

Kentucky uses Section B of the ECO Family Outcomes Survey. Section B focuses on the three helpfulness indicators required for OSEP reporting and contains seventeen (17) items. Section B uses a 5-point scale and assesses the helpfulness of early intervention, ranging from 1= Not at all helpful, 2= A little helpful, 3= Somewhat helpful, 4= Very helpful, 5= Extremely helpful. For the fourth year, an online version of the survey was made available to families with email addresses. Families who did not have an email address on file were sent a hard copy survey through the mail. Contact was attempted to administer the survey to families whose child received early intervention services during the previous 120 days. This method of surveying was approved by the state's OSEP project officer in FFY 2010.

Total number of Family Outcomes surveys disseminated: 4904

Total number of returned surveys: Total: *1551(1252 by mail and 299 by email)

*This number represents the total number of surveys that were returned to the State Lead Agency. This total includes incomplete surveys that were submitted.

The total number of respondent families participating in Part C that submitted complete surveys is 1447.

To calculate the percentages, the total number of positive responses for each statement was divided by the total number of responses. The resulting number was then multiplied by 100.

A random sample of surveys entered into the database by SLA staff was reviewed for entry accuracy. No such review of the accuracy of parent entered data is possible. Family survey results are consistent with previous survey results which leads the SLA to accept the data as valid and reliable.

The survey distribution was consistent with the July 1, 2013 Estimates of Kentucky Census Data (Birth to 4) for race and ethnicity although the race/ethnicity groups are not aligned by the same groupings as the 619 race/ethnicity groupings. Returned surveys were consistent with survey distribution.

July 1, 2013 Estimates of Kentucky Census Data (Birth to 4)

National Center for Health Statistics. Postcensal estimates of the resident population of the United States for July 1, 2010-July 1, 2013, by year, county, single-year of age, bridged-race, Hispanic origin, and sex (Vintage 2013). Prepared under a collaborative arrangement with the U.S. Census Bureau. Available from http://www.cdc.gov/nchs/nvss/bridged_race.htm.

Race	Child Count	Total Birth to 4 KY Population	% of Birth to 4 population
Asian	4,088	274,874	1.49%
Black	25,866		9.41%
Hispanic	17,761		6.46%
Other	12,768		4.65%
White	214,391		78.00%

FFY 2013 Family Survey Distribution Data by Race

Race	Distributed Surveys	Total Distributed Family Surveys	% of Each Race Who Received a Family Survey

Asian & Native Hawaiian or Other Pacific Islander	102	4904	2.08%
Black or African American	387		7.89%
Hispanic/Latino	260		5.30%
American Indian or Alaska Native	11		.22%
Two or More Races	235		4.79%
White	3909		79.71%

FFY 2013 Return Rate Data by Race

Race	Surveys Returned	Total Returned Family Surveys	% of Total Returned
Asian & Native Hawaiian or Other Pacific Islander	36	*1551	2.32%
Black or African American	100		6.45%
Hispanic Latino	71		4.58%
American Indian or Alaska Native	4		.26%
Two or More Races	65		4.19%
White	1275		82.21%

Gender of Child in Survey

	Number	Percent
Female	515	33.20%
Male	1036	66.80%
Total	*1551	100

Gender based on July 1, 2013 Estimates of Kentucky Census Data (Birth to 4)

	Number	Percent
Female	133,993	48.75%
Male	140,881	51.25%
Total	274,874	100

*This number represents the total number of surveys that were returned to the State Lead Agency. This total includes incomplete surveys that were submitted.

Prior to conducting the family survey, Service Coordinators were encouraged to obtain email addresses for families on their caseload and to enter them into Kentucky's data management system (TOTS). Point of Entry (POE) managers were informed when the surveys were distributed so they are able to notify staff. POE staff are encouraged to inform parents that they may receive a family survey and help them understand the importance of their feedback. (This year a comment box was added to both the online and paper versions of the family survey.) A list of families across the fifteen (15) POEs, whose child had participated in First Steps within 120-day period, was generated from TOTS. From that list, all families that had an email address on file were sent an onlince version of the family survey to complete. Families were given a month to complete the survey and weekly reminders were sent to encourage participation. The number of online surveys completed was 299. Once the deadline for the online survey ended, a list of the remaining names and addresses of First Steps program participants (census) was generated by TOTS. The list included families that did not have email addresses on file and those families who chose not to respond to the online version. Both the hard copy and online version of the family survey included both English and Spanish formats.

The State Lead Agency administered the disribution of the family survey. This ensured consistent data administration and survey management. The First Steps Parent Consultant's phone number and email address were provided to families should they have questions pertaining to the completion of the survey. When surveys were returned undeliverable, but with a forwarding address, surveys were re-sent.

All regions of the state are represented in the survey results. Analysis is done to determine the representativeness of the returned surveys in the areas of race and gender based on the July 1, 2013 Estimates of Kentucky Census Data (Birth to

4).

Additional Information
Although Kentucky exceeded the targets for FFY13, we are closely examining our 4C data. Although Kentucky has made extensive effots to improve the early intervention services that are provided through First Steps, providers across the state are slow to implement the Consultative and Primary Service Provider Models of service delivery. Kentucky has implemented the *Routines-Based Interview*, developed by Dr. Robin McWilliam, as the tool used for the family asessment and offered extensive training to service coordinators and to providers. All service coordinators went through a series of online modules as well as a two-day workshop that included practice and coaching. (This process continues as new Service Coordinators are hired.) POE managers were trained on the protocol (fidelity checklist) for observation and follow-up with each service coordinator. State Lead Agency Staff conducted chart reviews and held follow-up webinars to discuss findings. Kentucky First Steps also mandated training modules for early intervention service providers based on the family assessment, consultative model and primary service provider model. The State Lead Agency is still trying to determine the impact these efforts are having on service delivery. the family assessment, consultative model and primary service provider model. The State Lead Agency is still trying to determine the impact these efforts are having on service delivery.

Required Actions

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

No response required due to exceeding state target, although Kentucky continues to explore options to enhance the family survey process.

Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data and Targets

Historical Data

Baseline Year: ___2005___

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≤		0.56%	0.66%	0.76%	0.86%	0.71%	0.71%	0.71%
Data	0.49%	0.60%	0.65%	0.74%	0.68%	0.65%	0.52%	0.55%

FFY 2013 – FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≤	.049%	0.51%	0.52%	0.52%	0.52%	0.52%

Targets: Description of Stakeholder Input

Plesse refer to the Stakeholder Input section of the Introduction

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 1 with IFSPs	268	268
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 1	54,403	54,403

Explanation of Alternate Data

The birth to one population from the Kentucky State Data Center website showed a lower number of children in this age range. That number was used in the calculation of the participation rate for this indicator.

FFY 2013 Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2013 Data
268	55,280	0.48%

Kentucky continues to struggle with meeting the target for this indicator. The national data indicates that 1.06% children aged birth to one participated in Part C services. Kentucky is serving less than half of that participation rate. A detailed analysis of the participation rate for children birth to one was conducted. It was determined that many potentially eligible children referred to the local Point of Entry were exited prior to IFSP development due to the inability of the POE to successfully locate the parents. This loss to follow up appears to be related to a lack of adequate staff and time at the POE resulting in fewer resources to conduct robust follow up strategies.

All POE Managers were trained on the *Four Degrees of Execution* model of program change and have used this methodology to develop a more rigorous child find plan specifically targeting the birth to one age population. Preliminary

data from the December 1, 2014 child count indicates a possible increase in the overal number of children participating in Part C but not enough to meet the target.

Kentucky has implemented a process to verify that children ages birth to three that are reported to the Kentucky Birth Surveillence Register are referred to First Steps. This process has referred approximently over twenty (20) children under the age of twelve (12) months in the first several months of implementation. This safety net for referrals has been a work in progress for the last three years.

Required Actions

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

None

Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data and Targets

Historical Data

Baseline Year: __2005____

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≤		2.40%	2.45%	2.50%	2.55%	2.60%	2.65%	2.70%
Data	2.17%	2.26%	2.54%	2.90%	2.94%	2.76%	2.75%	2.67%

FFY 2013 – FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≤	2.53%	2.54%	2.55%	2.55%	2.55%	2.55%

Targets: Description of Stakeholder Input

Please see the Stakeholder Input section of the Introduction

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 3 with IFSPs	4,163	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 3	164,636	164,636

Explanation of Alternate Data

The birth to three population from the Kentucky State Data Center website showed a lower number of children in this age range. That number was used in the calculation of the participation rate for this indicator.

FFY 2013 Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2013 Data
4163	164,636	2.53%

This year's report indicates a participation rate less than FFY 12 state data and less than the national participation rate of 2.77%. A detailed analysis of the participation rate for children birth to three was conducted. It was determined that many potentially eligible children referred to the local POE were exited prior to IFSP development due to the inability of the POE to successfully locate the parents. This loss to follow up appears to be related to a lack of adequate staff and time at the POE resulting in fewer resources to conduct robust follow up strategies. An online portal for referrals has been developed and will go live in January 2015. This method of electronically sending referrals that contain key contact information may help POEs address the loss to follow-up issue.

All POE Managers were trained on the *Four Degrees of Execution* model of program change and have used this methodology to develop a more rigorous child find plan. Preliminary data from the December 1, 2014 child count indicates a possible 6% increase in children with an IFSP over December 1, 2013.

Data collected that describes how parents learn about First Steps services indicate that physicians continue to be the most common source of information to parents. Recently many of the POEs have targeted child find activities on physicians to increase referrals. First Steps early intervention providers are also a common source of information for

parents. There was a significant increase in the number of parents reporting that they learned about First Steps from posters and other printed materials (135% increase over FFY12).

Referrals for children with substantiated child abuse and neglect or evidence of substance abuse continue to increase. FFY 13 data indicate that 1,555 children birth to three were referred that met the requirements of the Child Abuse Prevention and Treatment Act (CAPTA). Of those children, 1019 (66%) were found eligible for Part C services. Of the children eligible for Part C services, 787 (77%) actually had an IFSP developed and received services.

Claims data was reviewed to verify how many children with an IFSP were served that required an interpreter for language access during FFY13. Three hundred eighty-one (381) children received language access services which is an increase of one hundred three (103) children in FFY12. POEs have focused on increasing information about early intervention to families who are not English speakers this past year. Spanish continues to be the language most commonly requiring an interpreter; however, First Steps is able to provide language access services in over a hundred languages.

Required Actions

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

None

Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data and Targets

Historical Data

Baseline Year: ____2005__

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	61.00%	92.50%	96%	97%	98.50%	99.42%	98.92%	98.16%

FFY 2013 – FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

Targets: Description of Stakeholder Input

Please refer to the Stakeholder Input section of the Introduction

FFY 2013 Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2013 Data
2498	3133	98.50%

Number of documented delays attributable to exceptional family circumstances (this number will be subtracted from the number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted when calculating the FFY 2013 Data)	597

What is the source of the data provided for this indicator?

____ **State monitoring**

Describe the method used to select EIS programs for monitoring.

X **State database**

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2013 through June 30, 2014

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Every referral of a child is entered into the online database management system known as TOTS. A unique identifier is assigned to the case. The system is designed to match the date of the initial IFSP with the date of referral and calculates the forty-five day time line. A report, Single Timeline Report, was generated for the date range indicated above (July 1, 2013-June 30, 2014) that includes all children who had an initial IFSP developed during the time period. POE Managers are required to verify the reason the initial IFSP is late each month. State Lead Agency staff review these monthly reports to verify the reason for late initial IFSPs. In preparation for submitting the Annual Performance Report, a different State Lead Agency staff person reviews the statewide

report to verify late initial IFSPs. This is then compared to the monthly POE reports for consistency.

Additional Information

A total of thirty-eight (38) initial IFSPs were developed past the forty-five (45) day timeline. The range in days late was one (1) to forty (40). Fifteen (15) of those cases were late because elgibility could not be determined until the medical information on the child was received. Medical records from the large university hospitals were not sent timely despite repeated requests by the POE staff and in some cases, parents. Five (5) cases were late because the contracted evaluator did not submit the initial evaluation report to the POE in a timely manner, thus delaying elgibility determination. Eighteen (18) cases were late because the service coordinator did not schedule the IFSP meeting until after the forty-five (45) day timeline. Reasons for this were unclear although a few were attributable to new service coordinators. The majority of the cases had service coordinators who have been working in the system for years. Skills in time managment and attention to upcoming deadlines are lacking by these service coordinators. POE Managers are required by contract to address these issues through the agency's employee performance procedures.

Required Actions

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table not including correction of noncompliance

None

Correction of Previous Findings of Noncompliance

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	9	0	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LLA with noncompliance is correctly implementing the regulatory requirements

SLA staff verified the correction of findings by implementing the following steps:

1. Reviewed child's record in TOTS focusing on date of referral and the date of the initial IFSP. Each child's record that was found in noncompliance was checked to ensure that the initial IFSP was held and finalized although later than forty-five (45) days from the referral date.
2. Checked data to determine if the reason for delay was a family-driven reason, an administrative reason or if the data was a result of a computer programming error.
3. Once verified that the delay was due to an administrative-driven reason, the SLA then sent notices of performance to the POE indicating that the delay was unacceptable. The notice informed the POE that continued noncompliance would result in sanctions to their contract.
4. The SLA verified continued correction of all new IFSPs by reviewing monthly reports available through TOTS and reviewing all child records that did not meet the timeline. Subsequent data were reviewed to verify that the POE was correctly implementing the regulatory requirements.

Describe how the State verified that each LLA corrected each individual case of noncompliance	SLA staff verified the correction of findings by implementing the following steps: 1. Reviewed child's record in TOTS focusing on date of referral and the date of the initial IFSP. Each child's record that was found in noncompliance was checked to ensure that the initial IFSP was held and finalized although later than forty-five (45) days from the referral date. 2. Checked data to determine if the reason for delay was a family-driven reason, an administrative reason or if the data was a result of a computer programming error. 3. Once verified that the delay was due to an administrative-driven reason, the SLA then sent notices of performance to the POE indicating that the delay was unacceptable. The notice informed the POE that continued noncompliance would result in sanctions to their contract. 4. The SLA verified continued correction of all new IFSPs by reviewing monthly reports available through TOTS and reviewing all child records that did not meet the timeline. Subsequent data were reviewed to verify that the POE was correctly implementing the regulatory requirements.

FFY 2012 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

None

Indicator 8: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

FFY 2013 Data: All Indicator 8 Sections

Number of toddlers with disabilities exiting Part C	4091
Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3078

Transition into and out of Part C services was a topic of substantial training and technical assistance beginning in the late 1990s. Kentucky supported a broad perspective of transition as a key element when working with families in the Part C system, schools, Head Start, and child care for many years. The result appears to be that supporting transition is "just the way of business" in many areas of the state. Part C and Local Educational Agencies (LEAs) continue this collaborative work today with renewed interest as various early childhood initiatives are developed through the Race to the Top Early Learning Challenge Grant. Transition between early childhood programs is one of the activity areas that the regional Early Childhood Community Councils are required to address in the funding proposals.

8A Historical Data and Targets

Historical Data

Baseline Year: ___2005___

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data		74.50%	89.00%	100%	100%	100%	100%	100%

FFY 2013 – FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

Targets: Description of Stakeholder Input

Please refer to the Stakeholder Input section of the Introduction

8A FFY 2013 Data

Source	Date	Description	Data	Overwrite Data
Indicator 8		Number of toddlers with disabilities exiting Part C	4,091	
Indicator 8		Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,078	4091

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

(•) Yes

( ) No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2013 Data
4091	4,091	100%

Number of documented delays attributable to exceptional family circumstances (this number will be subtracted from the number of toddlers with disabilities exiting Part C when calculating the FFY 2013 Data)	0

____**Yes** _ **Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.**

What is the source of the data provided for this indicator?

_____ **State monitoring**

Describe the method used to select EIS programs for monitoring.

X **State database**

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2013 through June 30, 2014

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

TOTS, the online database management system, serves as the electronic early intervention record. The IFSP section of TOTS requires a transition outcome in order to save the IFSP. Service Coordinators and early intervention providers are trained to include at least one outcome that addresses the appropriate transition that the child and family will deal with over the next six months. For children under the age of two (2), transition outcomes may address life evnts such as moving from hospitalizations to home, moving from non-ambulatory stages of development to walking, changes in home environment, etc. IFSPs for children older than two (2), the outcome focuses on exiting Part C services. The IFSP must contain steps and services to appropriately address the transition outcome listed in the IFSP. All IFSPs have transition steps and services that support the identified transition outcome, no matter the age of the child. The transition outcome is included in the checklist for program review as an essential element for compliance with IFSP development. Further, transition outcomes are part of the results of the family assessment and are included in the fidelity reviews of family assessments.

8A Required Actions

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table not including correction of noncompliance

None required

8A Correction of Previous Findings of Noncompliance

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LLA with noncompliance is correctly implementing the regulatory requirements	No findings were identified; therefore, no verification of correction
Describe how the State verified that each LLA corrected each individual case of noncompliance	No findings were identified; therefore, no verification of correction

8B Historical Data and Targets

Historical Data

Baseline Year: _____

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	100%	93.90%	92.80%	100%	100%	100%	100%	100%

FFY 2013 – FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

Targets: Description of Stakeholder Input

Please refer to the Stakeholder Input section of the Introduction

8B FFY 2013 Data

Source	Date	Description	Data	Overwrite Data
Indicator 8		Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,078	4091

Data include notification to both the SEA and LEA?

(●) Yes

( ) No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data
4091	4091	100%

Number of parents who opted out (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2013 Data)	0

___**Yes**__ **Data include notification to both the SEA and LEA.**

Describe the method used to collect these data

Kentucky designates all children enrolled in Part C as potentially eligible for Part B services due to the restrictiveness of the Part C eligibility. A list of all children potentially eligible for Part B services is generated on a quarterly basis by Part C. The list originates from the birthdates for children with active records in TOTS. This list is dissaggregated by school district and forwarded to the Local Educational Agency (LEA). The list is also sent to the Kentucky Department of Education (KDE). Service Coordinators are required to verify that the LEA received the notification as part of the transition process. The total unduplicated number of notifications to the LEAs and KDE is then compared to original list to ensure no child was dropped between the lists.

NA **If you have a written opt-out policy, is it on file with the Department?**

Additional Information

An electronic file exhange process to the SEA was developed as part of a State Improvement Grant several years ago. There is a data-sharing agreement between Part C and the SEA to facilitate transition. The ongoing collaborative relationship between the agencies has resulted in consistently high rates of local coordination between LEAs and POEs. Families benefit from the positive relationships by participating in a smooth and effective transition process.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table not including correction of noncompliance

None required

8B Correction of Previous Findings of Noncompliance

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LLA with noncompliance is correctly implementing the regulatory requirements	There were no findings identified; therefore, no verification.

Describe how the State verified that each LLA corrected each individual case of noncompliance	There were no findings identified; therefore, no verification.

8C Historical Data and Targets

Historical Data

Baseline Year: ____2005__

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	90%	78%	75.84%	89.80%	93.20%	99.40%	99.63%	99.46%

FFY 2013 – FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

Targets: Description of Stakeholder Input

Please refer to the Stakeholder Input section of the Introduction

8C FFY 2013 Data

Source	Date	Description	Data	Overwrite Data
Indicator 8		Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,078	2932

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

- (•) Yes
- ( ) No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data
2927	2932	99.83%

Number of toddlers for whom the parent did not provide approval for the transition conference (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2013 Data)	0
Number of documented delays attributable to exceptional family circumstances (this number also will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2013 Data)	0

__YES_ Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not

more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

What is the source of the data provided for this indicator?

_____ **State monitoring**

Describe the method used to select EIS programs for monitoring.

X **State database**

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2013 through June 30, 2014

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The online data management system, TOTS, includes a listing of children for each service coordinator and POE Manager of all children on the service coordinator's caseload with an upcoming transition period. The transition screen in TOTS includes a banner that clearly provides the window of time for the timely transition conference. Further, POE Managers monitor the timeliness of transition conferences monthly and address any administrative or provider issue with the service coordinator that resulted in an untimely transition conference. This monthly monitoring is verified by State Lead Agency staff. Each of the five (5) late cases had a transition meeting held although after the required timeline. ***Additional Information*** The number of children potentially eligible for Part B and who were eligible for a transition conference is less than the number reported in 8B due to the number of children who exited without having a transition conference. These children exited for the following reasons: met all IFSP goals (n=593), moved out of state (n=206), died (n=12) and/or parent withdrew without notification to the POE (n= 348). Formal transition meetings were not held although some of the children who met goals had a transition conference to discuss other services. The majority of children who moved had documentation in their records that the service coordinator had contacted the receiving program (with written consent of the parents) to arrange the sending of assessments and IFSP. All five (5) conferences were held late due to Service Coordinators not scheduling meetings in timely manner despite the notices in TOTS to assist service coordinators with compliance to the regulation. Two (2) conferences were originally scheduled for last day prior to day ninety (90) and cancelled due to icy roads. The conferences could not be held before the timeline expired. The other three (3) appeared to be intentionally scheduled for dates past the ninety (90) day timeline for unknown reasons.

8C Required Actions

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table not including correction of noncompliance

None required

8C Correction of Previous Findings of Noncompliance

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LLA with noncompliance is correctly implementing the regulatory requirements	The SLA verified correction of findings by implementing the following steps: 1) Reviewed child's record on the TOTS system focusing on timely transition date range. This date range is automatically calculated by the TOTS system based on the child's date of birth. Each child's record that was found in noncompliance was checked to ensure that the transition conference was held between age two (2) years, (3) three months and up to ninety (90) days before the child's third birthday. 2) If there was an untimely transition meeting, the data were reviewed to determine if the reason for delay was a family-driven reason, an administrative reason, or a computer programming error. 3) Once confirmed that the delay was due to an administrative-driven reason, two actions occurred. One, SLA verified that a transition meeting was held (although late). Secondly, the SLA sent notices of performance to the POE indicating that the delay was unacceptable. The notice informed the POE that continued noncompliance would result in sanctions to their contract. 4) The SLA verified continued correction by reviewing monthly reports available through TOTS and reviewing all child records that did not meet the timeline. Subsequent data were reviewed to verify that the POE was correctly implementing the regulatory requirements.
Describe how the State verified that each LLA corrected each individual case of noncompliance	The SLA verified correction of findings by implementing the following steps: 1) Reviewed child's record on the TOTS system focusing on timely transition date range. This date range is automatically calculated by the TOTS system based on the child's date of birth. Each child's record that was found in noncompliance was checked to ensure that the transition conference was held between age two (2) years, (3) three months and up to ninety (90) days before the child's third birthday. 2) If there was an untimely transition meeting, the data were reviewed to determine if the reason for delay was a family-driven reason, an administrative reason, or a computer programming error. 3) Once confirmed that the delay was due to an administrative-driven reason, two actions occurred. One, SLA verified that a transition meeting was held (although late). Secondly, the SLA sent notices of performance to the POE indicating that the delay was unacceptable. The notice informed the POE that continued noncompliance would result in sanctions to their contract. 4) The SLA verified continued correction by reviewing monthly reports available through TOTS and reviewing all child records that did not meet the timeline. Subsequent data were reviewed to verify that the POE was correctly implementing the regulatory requirements.

Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Indicator 9 is not applicable to Kentucky. Kentucky uses the Part C Dispute Resolution provisions of IDEA.

Historical Data and Targets

Historical Data

Baseline Data: _____

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								
Data								

FFY 2013 – FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

FFY 2013 Data

FFY 2013 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2013 Data

Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Kentucky has had no request for mediation since the data collection began. Kentucky Part C did not establish baseline or targets due to having no mediation data. This indicator is not applicable per the Part C SPP/APR Measurement Table. If the number of mediations reaches 10 or more in a future reporting period, a baseline and targets will be established.

Historical Data and Targets

Historical Data

Baseline Data: __2005___

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		80.%	80.%	80.%	80.%	80.%	80.%	80.%
Data		NO Mediations sessions have been held; no data to report.						

Indicator 11: State Systemic Improvement Plan, Phase 1

Introduction:

Indicator 11, State Systemic Improvement Plan (SSIP), is a new State Performance Plan requirement and part of the Office of Special Education Program's (OSEP) Results Driven Accountability Framework. The SSIP is a six-year achievable plan that is designed to increase the capacity of the early intervention system to implement, scale-up and sustain evidence-based practices. The result of the SSIP is improvement of outcomes for children with disabilities. This document describes the analysis of First Steps (Kentucky's Early Intervention System) and identification of the State Initiated Measurable Result (SIM-R) to be implemented over the course of the next several years. Later submissions will describe the plan in detail including the evaluation plan (Year 2) and evaluation results noting the extent of progress (Years 3-6).

The Kentucky Early Intervention System (commonly known as First Steps) is comprised of fifteen (15) regional local lead agencies, Points of Entry (POE). The majority of POEs are funded through contracts with Local Health Departments and Comprehensive Mental Health Centers. One POE is jointly funded through a local hospital and a Comprehensive Mental Health Center. All service coordination is provided by POE staff. Early intervention providers are contracted by the State Lead Agency (SLA) to provide services within a specific catchment area. General Supervision is provided by staff at the SLA. Attachment 1 is an organization chart of the Kentucky Part C system. Kentucky uses an online data management system known as the Technology-assisted Observation and Teaming Support system (TOTS).TOTS provides an electronic early intervention record for each child referred to First Steps, along with financial and management data based on child data in the system. The Cabinet for Health and Family Services is the lead agency designated by the Governor, with the Department for Public Health serving as the administrative lead agency since 2004.

SSIP Stakeholder Group

The Interagency Coordinating Council (ICC) comprised the core group of stakeholders formed to participate in the development of Indicator 11. ICC membership was chosen due to the representation of state agencies, programs, parents, and related consumers of the system and the active involvement of the ICC with systemic improvements since 2004. ICC membership includes:

- Five (5) parents of children with disabilities
- One representative of the Department of Education (619 Preschool Program)
- One representative of the McKinney-Vento Homeless Program
- One representative of the Department of Community-Based Services (Child Welfare and Child Care services)
- One representative of the Department for Medicaid Services
- One representative of the Department of Insurance
- One representative of the Department of Behavioral Health, Intellectual and Developmental Disabilities
- One representative of the Commission for Children with Special Health Care Needs
- One representative of the State Legislature
- One representative of the Institutes of Higher Education
- One representative of the Head Start/Early Head Start
- Four representatives of Public Early Intervention Providers (First Steps Point of Entry, US Department of the Army, University of Louisville and University of Kentucky)
- Four representatives of Private Early Intervention Providers

In addition to the ICC, other system representatives were recruited to the Stakeholder Group to provide input on the plan:

- Rural and urban early intervention providers from various disciplines for representation of the diversity of the provider pool
- University faculty representing disciplines other than the ICC representatives
- Point of Entry (POE) Managers
- District Child Evaluation Specialists
- HANDS (Kentucky's home visiting program representing the core program (state funded), the multi-gravida program (federally-funded) and the program designed to address post-partum depression (also federally-funded)
- Race to the Top Early Learning Grant/Governor's Office of Early Childhood
- Help Me Grow (Kentucky's program of a national system to connect children with risk factors that may impede developmental growth)

- Early Childhood Mental Health System of Care (US Department of Health and Human Services grant initiative)

Attention was taken to have members that serve diverse roles in the system from across the state. The stakeholder group totaled thirty-five (35) individuals.

Preparation for participation on the stakeholder group began January, 2014 when the ICC was introduced to the requirements of Indicator 11. Once the full stakeholder group was identified, background materials were provided to all. Periodic face-to-face and webinar meetings were held to accomplish the data analysis requirements of the process:

January, 2014—Introduction to Indicator 11
April, 2014—Specific Requirements of Indicator 11; Identification of Additional Stakeholder Members
July, 2014—Data Analysis: Child Outcomes, Family Outcomes
August, 2014—Data Analysis: Points of Entry
September, 2014—Data Analysis: State Infrastructure
October, 2014—Identification of State-Initiated Measureable Results (SIM-R)
January, 2015—Review of SSIP progress
March, 2015—Final review of SSIP

Other opportunities to give input on the state-initiated measurable results activities were offered at a state-wide conference (Kentucky CEC-Exceptional Children's Annual Conference) and through newsletter announcements.

An internal State Lead Agency (SLA) workgroup prepared the materials for the Stakeholder Group to review and discuss. Presentations of data were facilitated by a slide presentation supplemented with handouts of the data. While the data was presented in topical order, each session built on the previous one so that an integrated picture of the early intervention system emerged. By the time the group discussed the SIM-R, the group had comprehensive knowledge of the system.

January 9, 2014: Introduction to Indicator 11

Stakeholder Participation:

Four parents of children with disabilities
Five representatives of Early Intervention Providers
One representative of the Commission for Children with Special Health Care Needs
One representative of the Department of Behavioral Health, Intellectual and Developmental Disabilities
One representative of the Institutes of Higher Education
One representative of the Department of Insurance
Eight State Lead Agency Staff
Eight guest representing Point of Entry (POE) staff and University-based programs

Meeting Summary:

Part C Coordinator introduced new requirement of Indicator 11 to the stakeholder group. Topics discussed were:

- Purpose to increase capacity of EIS programs
- Overall arching goal is to improve outcomes for children with disabilities (and their families)
- Brief look at how Kentucky's Part C system currently addresses child outcomes and family outcomes
- SSIP activities to be phased in
    - Phase I FFY 2013-APR delivered by February 2015
    - Phase II FFY 2014-APR delivered by February 2016
    - Phase III FFY 2015-2018-APR delivered February 2017-2020

April 10, 2014: Specific Requirements of Indicator 11; Identification of Additional Stakeholder Members

Stakeholder Participation:

Two parents of children with disabilities
Eight representatives of Early Intervention Providers

One representative of the Commission for Children with Special Health Care Needs

One representative of the Department of Behavioral Health, Intellectual and Developmental Disabilities

One representative of the Department of Insurance

One representative of the McKinney-Vento Homeless Program

Eight State Lead Agency Staff

Twelve guest representing Point of Entry (POE) staff and Early Intervention Providers

Meeting Summary:

Part C Coordinator's report included:

- The FFY13 SPP/APR will be submitted electronically as one document
- Phase one of Indicator 11, the State Systemic Improvement Plan (SSIP) will be included in that submission
  - Has to be child or family outcome related
  - Will have stakeholder meetings, which will include ICC representation
  - Must be include Evidence-Based Practices per IDEA definition of such
  - Possible data pools include the KEDS assessment data, Family Survey data and HANDS data
  - Phase two will look at pilot data and help determine statewide implementation of plan

The Stakeholder Group voiced frustration with the limitations on the focus set by the OSEP guidance. Kentucky has struggled for several years with Indicator 5, participation rate of children age birth to one. This was identified as the Indicator that required targeted, more intense focus to improve results. A significant amount of time was spent by the SLA staff to move the discussion away from Indicator 5. A compromise was reached with the group allowing discussion to address child and family outcomes as the focus of the State-Initiated Measurable Result (SIM-R). The compromise was that child find issues would be addressed specifically by the SLA through the general supervision and monitoring process implemented with the POEs.

Another frustration was the fact that Kentucky has high-performance for both child and family outcomes. The group had to explore issues at the root to identify an area for the SIM-R that would meet the expectations of OSEP. The opportunity to make large gains is minimal although significant improvement can be attained. The group agreed that the improvement, while measurable and positive, may not be reflected in the results reported using the measurements required by OSEP.

Data Analysis

July 10, 2014: Data Analysis: Child Outcomes, Family Outcomes

Stakeholder Participation:

Four parents of children with disabilities

Eight representatives of Early Intervention Providers

One representative of the Commission for Children with Special Health Care Needs

One representative of the Department of Behavioral Health, Intellectual and Developmental Disabilities

One representative of the Department of Insurance

One representative of the Institutes of Higher Education

One representative of the Department of Education (619 Preschool Program)

Seven State Lead Agency Staff

Seventeen guest representing Point of Entry (POE) staff, Early Intervention Providers and University based programs

Meeting Summary:

Detailed data analysis of child and family outcomes was the focus of this meeting.

Child Outcomes (Indicator 3)

Kentucky is one of four (4) states, jurisdictions, and federal agencies not using an outcome measurement system based upon the Child Outcome Summary Form (COSF). This makes comparison to national data difficult as Kentucky's system is not the same as other states. Kentucky Part C serves a population significantly less than the national participation rate for children ages 0-1 but exceeds the national participation rate for children 0-3. State data show that the average age at referral is eighteen months (18 months) and average age at eligibility is nineteen months (19 months) of age.

The data listed below was the foundation for analysis of child outcomes. The Kentucky Early Childhood Data System (KEDS) data that was used covered the federal fiscal years of ten (10) through thirteen (13). National data was not as timely, with that data based on FFY 11. Federal 618 reports supplemented the APR data including; Exit Report, Child Count and Primary Settings Report. State data included the POE determinations, Program Review Reports, Family Assessment Audits, Complaint Data and service delivery documentation. The additional data was specifically chosen to provide context for the outcomes data.

Child Outcomes Data Reviewed
ECO Document: *KY Data Compared to National Data* KEDS Data (Child Outcomes): FFY 10, 11, 12, 13 Excerpts from the OSEP Data Directory: • *Number of children participating in Part C* • *Percent of Population of Children with Disabilities by Age* • *Race/Ethnicity by Percent* • *Child Outcomes-Part C and Part B* • *Exiting Part C* *Building A Strong Foundation for School Success: Kentucky's Early Childhood Continuous Assessment Guide.* Revised 2010 *2014 Early Childhood Profile, Governor's Office of Child Development* *POE Determinations: Indicator 3 Results FFY12* Kentucky State Data Center, Population by Sex, Age, Race and Hispanic Origin (2013)

Outcome Measurement Process

To assess child outcomes, Kentucky uses a measurement system that is comprised of approved instruments and the *Kentucky Early Learning Standards: Birth-Three*. The system is based on the best practice of continuous assessment. All instruments are designed for the birth to three (b-3) age groups: the *Assessment, Evaluation and Programming System for Infants and Children Second Edition* (*AEPS)*, the *Carolina Curriculum for Infants and Toddlers with Special Needs* (*CCITSN)*), and the *Hawaii Early Learning Profile* (*HELP; HELP Checklist; HELP Strands*). These criterion-referenced instruments provide information for ongoing instructional planning. The 619 program, known as the State-Funded Preschool Program, uses the same method of measurement using the *Kentucky Early Learning Standards* and assessment instruments appropriate for the older age group.

Each item on the approved assessments has been cross-walked to the Kentucky *Birth-Three Early Learning Standards* benchmarks. All items are age-anchored then assigned to a three (3) month age band to determine "age-appropriate functioning." The crosswalks indicate the following:

a. AEPS addresses all standards and benchmarks with the exception of two benchmarks in Creative Expression:
    i. 1.2—Enjoys and engages in movement and dance
    ii. 1.3—Enjoys and engages in music
b. CCITSN addresses all standards and benchmarks with the exception of one benchmark in Creative Expression: 1.3—Enjoys and engages in music
c. HELP addresses all standards and benchmarks

Children may be assessed by the same instrument for entry and exit or be assessed by two different instruments. FY13 (FFY12) assessment data was disaggregated by instrumentation:

a) 8% of children were assessed with the AEPS;
b) 22% of children were assessed with the CCITSN;
c) 11% of children were assessed with HELP Strands;
d) 1% of children were assessed with the HELP Checklist; and,
e) 58% of children were assessed with a combination of instruments.

The initial and exit assessments are conducted by different assessors with the majority of children assessed by two different instruments. Progress category (A-E) scores were lower for the children assessed with different instruments (mixed) for most of the three child outcomes. Only those children who had mixed assessment data in Progress Category

D (toddlers who improved functioning to reach level comparable to same-aged peers) under Outcome 3 B (acquisition and use of knowledge and skills, including early language/communication) had scores consistent with scores for children assessed using the same instrument throughout their enrollment in First Steps.

Child Outcome Results

Kentucky's FFY 12 Child Outcome data reflects 61% of the total number of children reported as exiting Part C services. The data pool has experienced growth as a result of the State Lead Agency (SLA) enforcement of data entry requirements by providers. Data appears to be valid and reliable. FFY13 data is the largest set of data to date (75% of exiting children). The SLA receives a monthly report of the status of the data pool that includes a trend report for all POEs. This report is shared with the POEs for regional monitoring of outcome data.

Trend data indicated that in FFY10, the targets for Summary Statement 2 were not met; however, results for each child outcome exceeded the targets in FFY11 and FFY12. The original target was 55% and FFY 13 results were 53.80%. Trend trajectories for Outcomes A and B predict a slight upward trend and a flat trajectory for Outcome C.

Data was disaggregated by race/ethnicity and gender for state and POE levels. First Steps percentage of Hispanic/Latino children served is lower than the national population percentage according to the 618 Data Profile provided by OSEP based on FFY12; however, according to recent state population data, the number of Hispanic/Latino children served by First Steps is consistent with state population percentage. This pattern is also true for Asian infants and toddlers. Race/ethnicity disaggregation did not reveal consistent patterns of lowered performance between sub-groups. The small population of various races/ethnicities compared to whites limits the ability to identify the reason for the differences. Gender results did not reveal any issues inconsistent with expected developmental patterns for males and females.

Based on the FFY12 Child Count, three of the smallest and two mid-sized POEs did not meet the FFY12 state target for Outcome C, Statement 2. While no definitive reason was identified as the cause for not meeting the target, questions regarding the impact of the rural geographic region of these POEs and the level of severity of children served were discussed. One POE did not meet the state targets for Outcome A and Outcome C Statement 1 which is an atypical result for Kentucky. There was again, no definitive reason for this but it was noted that the gap between the state target and the POE's performance was very small for Outcome C Statement 1.

Part C Exit data is not comparable to the Part B child count for three (3) year olds due to the differences in eligibility criteria between the two systems. Neither Part C nor Part B has conducted any study comparing the results of children eligible for Part C with Part B outcome results. This was identified as an activity for the future once the longitudinal data system has enough data for such a study.

FFY13 results, available after the Stakeholder Meeting to discuss child outcomes, indicate exceeding original targets in all statements except "use of appropriate behaviors to meet their needs (Outcome C), percent that were functioning within age expectations by the time they exited the program (Statement 2)." This supports the consistency in results for the last two years. Additionally, results for FFY13 were disaggregated by eligibility type: established risk condition, developmental delay or informed clinical opinion. Analysis revealed that the three groups of children differ on each outcome. The differences among the three groups showed that the Informed Clinical Opinion group (2% of total eligibility types) always scored higher than the Developmental Delay (79% of all eligibility types) and Established Risk Condition (9% of all eligibility types) groups. The Developmental Delay group always scored higher than the Established Risk Condition group. This pattern of results was not consistent with the same disaggregation in FFY11 where the Established Risk or Informed Clinical Opinion groups demonstrated more progress than the Developmental Delay group.

The *2014 Early Childhood Profile*, a yearly publication from the Governor's Office of Early Childhood, reported 50% of children entering kindergarten were not ready for kindergarten according to the entrance screening. At this time the data cannot be disaggregated by past services to see the readiness of children who had received early intervention.

Stakeholder Comments and Recommendations

Stakeholders were confident in the data quality and believe that the Kentucky system is an accurate depiction of the population served in Part C. The online training modules developed under contract by the University of Kentucky KEDS staff are high quality and accessible to all providers. Technical assistance addressing assessment and operation of KEDS is very good. The only weakness cited was the length of time it may take for a provider to be assigned to a child in KEDS. The POE staff makes the assignment which is necessary for the provider to enter KEDS data. Delays occur rarely and steps were put in place for SLA staff to make the assignment if the POE has not responded within two days.

Comparison to national results was questionable due to the differences in the COSF process and the Kentucky process. Stakeholders also questioned influence of different eligibility criteria when looking at Summary Statement 2. Kentucky has what is considered a restrictive eligibility and therefore, the group believes that the lower performance of Kentucky children to the national performance is accurate. National performance results include thirty-three (33) states with less restrictive eligibility including those states that serve at-risk populations.

The differences in FFY13 data was attributed to the much larger data pool. The overall difference between the Informed Clinical Opinion group and the other two groups may be due to the etiology of the child's functioning at time of eligibility determination. Children who are included in the Informed Clinical Opinion group are children for whom no valid standard score could be obtained when tested to verify the existence and severity of developmental delay.

The state should explore a change in policy to require the same instrument to be used for assessment throughout a child's enrollment in First Steps. It was noted that currently a few POEs were piloting this with their initial evaluators and primary service providers. Results of the pilots were not available for the data analysis.

The state needs to continue focus on improvement of the participation rate for the 0-1 age group.

Overall, the stakeholder group did not see areas of major concern with Child Outcomes. Continuation of the technical assistance and training to address assessment practices was recommended as a routine part of the early intervention system.

Family Outcomes (Indicator 4)

The SSIP Stakeholder Group was presented with the data listed below. The APR Indicator 4 reports that were used covered the federal fiscal years of ten (10) through twelve (12). Federal 618 reports supplemented the APR data including; Exit Report, Child Count and Primary Settings Report. State data included data from TOTS, POE determinations, Program Review Reports, Family Assessment Audits, Complaint Data, statewide needs assessment and service delivery documentation. The report data was specifically chosen to provide context for the outcomes data.

Family Outcomes Data Reviewed
Family Survey Data: FFY 10, 11, 12 Excerpts from the OSEP Data Directory: • *Family Involvement* • *Child Outcomes-Part C and Part B* • *Exiting Part C* TOTS Agency Attendance Report (Delivered vs Undelivered IFSP services) Family Assessment Chart Reviews/Fidelity Checks (N=438) *Family Data Indicator C 4 Results and State Approaches, FFY2012*; ECTA Center

Outcome Measurement Process

Kentucky uses Section B of the Early Childhood Outcomes (ECO) Family Outcomes Survey (original version). Section B focuses on the three helpfulness indicators required for OSEP reporting and contains seventeen items rated on a five-point scale. OSEP granted use of this survey in 2008, beginning with the FFY09 reporting period.

In FFY10, OSEP approved for Kentucky to use a sampling process. All families who received services during the previous 120 days were surveyed. The survey is provided in both English and Spanish. The data collection method is a combination of online and mailed family surveys. All data is entered by either the family or by SLA staff.

The results reported in the Annual Performance Report (APR) are based on a calculation using a common denominator for each component of the outcome (A, B, and C). The use of this calculation was an OSEP directive. All responses with missing data are not used for the federal report. However, all data received from parents are used for POE determinations.

Results are calculated and disaggregated by POE for each outcome statement. POEs receive a family survey data report that includes the overall district results as well as results by survey question. All comments provided by the family are also included in the report. Survey results were reviewed in two formats—mean and percentage—for each POE.

Family Outcome Results

Kentucky data was compared to four states that use the same survey and process as Kentucky (Texas, Alabama, Rhode Island, and Vermont). Kentucky's data was similar to Alabama and Rhode Island's data.

Kentucky's return rate is consistent with the national data for states that use a multiple distribution method for the survey. Kentucky's FFY12 results exceeded the national averages for the three Outcome Statements:

Outcome statement	**National Average**	**Kentucky APR Results**

A. Know their rights	87%	95.99%
B. Effectively communicate their children's needs	88%	96.95%
C. Help their children develop and learn	90%	97.07%

Three year trend data showed results that were consistent across all three parts of the Indicator. FFY12 data for Statement A (Parents know their rights) was lower (96% of families) than reported in FFY10 and FFY11 (98%). FFY12 data for Statement B (Effectively communicate their child's needs) was lower (97% of families) than reported in FFY10 and FFY11 (98%). The three year trend data for Statement C (Help their child develop and learn) was consistent at 97%. Disaggregation for race/ethnicity indicated that the Family Outcomes data is representative of the population served.

FFY12 data was disaggregated by POE. This data compared the POE results by percentage and mean to the state results. Points of Entry (POE) receive a report of the family survey results with the data depicted in two ways: 1) POE results reported in percentage based on questions with fully complete surveys (no missing responses to any question; referred to as State APR data) and 2) the results reported in percentage and mean based on the total number of respondents for the question (referred to as POE data). The POE data includes all questions resulting in different denominators for each of the three components of the Family Outcome. (Note: data presented in the APR submitted to OSEP reflects only completed surveys due to the OSEP directive that the same denominator must be used for A, B and C. This methodology results in higher results.).

First Steps Family Survey Results by Mean for FFY 2012

	State Target	**87%**		**80%**		**92%**
District	***Outcome A:*** *Knowing Your Rights* **Mean**	**Outcome A %**	***Outcome B:*** *Communicating Your Child's Needs* **Mean**	**Outcome B %**	***Outcome C:*** *Helping Your Child Develop and Grow* **Mean**	**Outcome C %**
BG	4.26	85.28	4.41	88.28	4.34	86.75
BR	4.28	85.52	4.39	87.71	4.34	86.79
BS	4.10	81.93	4.09	81.79	3.97	79.39
BT	4.50	89.95	4.59	91.88	4.46	89.25
CV	4.40	88.00	4.50	90.07	4.42	88.33
FC	4.59	91.84	4.66	93.20	4.55	91.03
GR	4.45	89.05	4.54	90.81	4.46	89.10
GW	4.40	88.00	4.49	89.86	4.33	86.53
KI	4.36	87.29	4.49	89.72	4.39	87.75
KR	4.36	87.27	4.55	90.91	4.48	89.64
LC	4.43	88.70	4.42	88.37	4.32	86.47
LT	4.47	89.40	4.61	92.28	4.52	90.39
NK	4.26	85.19	4.46	89.22	4.39	87.80
PC	4.42	88.40	4.45	89.00	4.33	86.60
PR	4.42	88.40	4.43	88.60	4.36	87.20
All	4.38	87.61	4.47	89.45	4.38	87.53

FFY 2012 State Results reported on APR *(submitted data with same number of respondents)*

	Outcome A %		**Outcome B %**		**Outcome C %**
State Target	87		80		92
State Results	95.99		96.95		97.07

Four POEs were below the state target (87%) for Statement A. All POEs exceeded the state target (80%) for Statement B. However, all fifteen POEs fell below the state target (92%) for Statement C:

Number of POEs	Range of Results
2	91-90%
6	89-88%
6	87-86%
1	79%

Stakeholder Comments and Recommendations

Discussion identified increased turnover in Service Coordinators at two of the largest POEs and one smaller POE as a possible reason for the slippage in Statement A (Parents know their rights). SLA staff reported that this was identified as an area of noncompliance for all POEs and that all POEs are currently under corrective action plans that address parent rights. All POEs also must complete a mandatory training on forms and documentation provided by the SLA.

Stakeholder group recommended looking at data specific to the five lowest performing POEs.

August 7, 2014: Data Analysis: Points of Entry

Stakeholder Participation:

One representative of the Department of Education (619 Preschool Program)

One representative of the Department of Behavioral Health, Intellectual and Developmental Disabilities

One representative of the Commission for Children with Special Health Care Needs

One representative of Institute for Higher Education

Eight representatives of Early Intervention Providers

Six State Lead Agency Staff

Five guest representing Point of Entry (POE) staff and University Programs

Meeting Summary:

The focus of this meeting was a detailed analysis of data specific to the five lowest performing POEs based on District Determinations. Identification of the most critical needs statewide as well as the identification of the POE with the most need for improvement was also discussed.

POE Data Reviewed
District Determinations for FFY10, 11 and 12
Child Outcome Data for FFY 10, 11, and 12
Family Outcome Data for FFY 10, 11, and 12
POE Profiles: Bluegrass, NKY, Cumberland Valley, Lake Cumberland and Pennyrile
Family Assessment Chart Reviews/Fidelity Checks (N-438)
Kentucky Autism Regional Assessment and Planning Project: Final Report; Center for Systems Change, 2013

POE Analysis

All POEs have the same state-funded positions: POE Manager, District Child Evaluation Specialist, Service Coordinators, and Administrative Support. The funding formula is based on child count, average market salary rates and average caseload per position. District Determinations are based on individual POE performance on each SPP Indicator. Results from both the child and family outcomes are included in the POE District Determinations issued annually.

The fifteen POEs were rank-ordered according to the FFY12 District Determination into three groupings: high, mid-level, and low performers (see attachment). The range between the highest performing POE and the lowest two POEs was 95%-72%. One POE received a determination of “Needs Substantial Intervention”.

Based on the Stakeholder Group recommendation from the previous meeting, detailed data was provided on the five (5) lowest performing POEs: Bluegrass, Cumberland Valley, Lake Cumberland, Northern KY, and Pennyrile. These five POEs represent the north, central, central south and west areas of the state. Two POEs serve over 700 children (Bluegrass and Northern KY), two serve between 200-350 children (Cumberland Valley and Lake Cumberland) and the remaining POE (Pennyrile) serves fewer than 200 children.

- Data profiles included:
  - Child and family outcome data for last three years
  - Provider pool data:
    - current number of providers most likely to be the primary service provider
    - current number of planned services for DI, SLP, OT, and PT
  - Service Coordinators:
    - Number at POE
    - Average caseload
    - Caseload Range

All five low performing POEs did not meet the state target for Family Outcomes 4C (early intervention taught how to help my child develop and learn); in addition, Bluegrass and Northern KY did not meet 4A (early intervention helped me know my rights). Almost all POEs had issues with retaining and recruiting Service Coordinators, including the low performing POEs. This appears to be function of low salaries and limited pool of qualified individuals.

Two of the five low performing POEs have staff certified in the *McWilliams Routines-Based Interview*©. These individuals serve as local coaches and resources for their POE.

Despite statutory requirements, District Early Intervention Committees (DEICs) are not active in many areas of the state. DEICs are regional committees originally designed to mimic the coordination and collaboration activities of the state Interagency Coordinating Council (ICC). DEICs typically focus now n transition at age three and child find. Three (3) low performing POEs (NKY, Bluegrass, and Lake Cumberland) have DEICs that meet on a regular basis.

Statewide, the delivery rate for early intervention services is 90%. Of the 10% undelivered IFSP early intervention services, 82% are not delivered due to parents cancelling the session. The five low performing POEs rates for delivered and undelivered services are consistent with state results. Further probes into cases of undelivered services for parent initiated reasons indicate that while some cancellations are due to illness or unexpected situations in family life, many are "no-show" (parent not home or not answering door when provider arrived for visit). Data indicates that "no-show" is 1% of all parent initiated reasons statewide. Four of the low performing POEs were consistent with the state; however, in Cumberland Valley "no-shows" were 2% of parent initiated reasons.

Speech-Language Therapy is the service with the most frequent documented shortages although this has improved in many areas. The issue appears to be the availability of Speech Language Pathologists due to many working part-time in First Steps.

The Kentucky Early Childhood Autism Forum Final Report revealed that parents and service providers endorsed play/relationship-based interventions that are embedded in natural routines of the family. 76.7% of the participants statewide reported none or very little access to play/relationship-based, naturalistic services.

Stakeholder Comments and Recommendations

Several members of the Stakeholder Group stated parents may be unaware of evidence-based practices. They tend to think of services as being traditional clinic models, only offered in the home. The Internet and providers were identified as information sources for parents. This may influence the parent's understanding to how children develop and learn. Late referrals to First Steps affect both family and child outcomes and the time needed to achieve positive results. This phenomenon may skew parent's expectations for progress.

Discussion by the stakeholder group centered on the early intervention practices of providers. State lead agency staff provided viewpoints based on extensive reading of service logs in TOTS—many providers continue to use strategies that are not evidence-based. There is a lack of both quantitative and qualitative data documented to support IFSP team decisions. Providers on the Stakeholder Group pointed out that they believed their colleagues understand the concept of teaching parents to carry out the interventions but do not know how to put that understanding into action. Many try to

create a therapy room in the home rather than use the child's routines and typical environment for early intervention. Others on the stakeholder group echoed these observations.

Concerns with quality of service coordination were also discussed. Service coordination has been a focus of the long-term systemic change that Kentucky has undergone since 2004. In 2009, all service coordinators were moved under the POE contracts so that supervision would be enhanced. Independent service coordination was eliminated from the system. This change coincided with the institution of the online data management system, TOTS. TOTS provides many management tools for POE Managers and State Lead Agency staff to use in monitoring and supervising service coordinators. Two of the low performing POEs were cited for lack of retention of service coordinators due to the significant impact on services that families receive. This appears to be function of low salaries and in one POE, limited pool of qualified individuals as applicants.

The related issue of "no-show" for services was discussed. It was hypothesized that services that are not meaningful to the parent are more likely to be missed. This raised the question about the quality of the family assessment and identification of priorities and concerns. Family assessment chart reviews indicate that there are continuing significant issues implementing the *Routines-Based Interview*©. Early intervention services often do not reflect the family's concerns and priorities. Often the primary service provider identified has one more unit of service than others on the plan which is not consistent with the model. All stakeholders felt that improving the family assessment skills of the service coordinators so that concerns and priorities were clearly identified was the key to building capacity of the family to meet their child's needs.

The findings of the Autism Forums were troubling. First Steps services are available state-wide, there are no waiting lists, and the state has met or exceeded the national rate of participation in Part C services for birth to three (b-3) for several years. The report did not disaggregate the data by specific age groups within the early childhood population so it is unknown if the findings were specific to First Steps or to other services for children over the age of three. This data may be related to the families and providers understanding of early intervention services and how well the IFSP team articulates this.

State Infrastructure Analysis

September 4, 2014: Data Analysis: State Infrastructure

Stakeholder Participation:
One parent of children with disabilities
One representative of the Department of Education (619 Preschool Program)
One representative of the Department of Behavioral Health, Intellectual and Developmental Disabilities
One representative of the Institutes of Higher Education
Six representatives of Early Intervention Providers
Seven State Lead Agency staff
Four guest representing Point of Entry (POE) staff and University Programs

Meeting Summary:

The focus of this meeting was the analysis and discussion of infrastructure to support improvement and build capacity.

The Part C system has a history of instability of the administrative lead agency (changed three times within the Cabinet) and fiscal management issues. Data was difficult to obtain and had questionable validity. Despite these issues, First Steps was viewed positively by parents whose children received services.

First Steps has undergone major systemic improvements since 2004. First Steps is now a stable, well regarded program due to the changes in infrastructure (eliminating independent service coordinators, establishing POE Managers and District Child Evaluation Specialists positions at the POEs, streamlining regulations and procedures, reduction in inefficiencies and institution of the online data management system), the program has strong legislature support. The POEs are well-known in their respective regions and participate in early childhood local and regional councils.

The online data management system TOTS was identified as strength of the system. TOTS serves as the early intervention child record and comprehensive management tool for users. Parents can create a secure log-on to access their child's record.

The primary service provider service delivery model was introduced system-wide in 2004. This was met with much resistance and little change was noted in services. More change in services was attributed to the Record Review process for service exceptions than the primary service provider model according to POEs and providers on the Stakeholder group. Questions about the quality of the implementation of the primary service provider model were also discussed, resulting in the consensus that more support is needed so parents had a greater understanding of early intervention and providers demonstrate an improved understanding of early intervention based upon the routines and priorities of the family.

Data Reviewed:
Lead Agency Organization Chart *ICC Minutes* *KEIS Budget* *Training Requirement section of Service Provider Agreement and POE Contracts* *HANDS Needs Assessment (MIECHV)*

The lead agency for the Kentucky Early Intervention System (aka First Steps) is the Cabinet for Health and Family Services (CHFS), designated by Kentucky Revised Statute 200.656 in 2005. Administrative lead agency designation within in the Cabinet has changed three times with the 2005 codified executive order change the most recent. CHFS includes the following departments, commission, and programs:

- Commission for Children with Special Health Needs (Early Hearing Detection and Intervention (EHDI))
- Department for Medicaid Services
- Department for Aging and Independent Living
- Department for Family Resource Centers and Volunteer Services
- Office of Health Policy
- Department for Income Support
- Department for Behavioral Health, Developmental and Intellectual Disabilities
- Department for Community-Based Services: Division of Child Care, Division of Protection and Permanency (Child Welfare)
- Department for Public Health: Division of Maternal and Child Health

See Attachments for an organization chart of the Kentucky Early Intervention System.

The Department for Public Health became the administrative lead agency in 2004. First Steps is one of five early childhood programs in the Early Childhood Branch of the Division for Maternal and Child Health. Other early childhood programs in the Early Childhood Branch include: HANDS (state and federally funded home visiting program), Newborn Screening, Metabolic Foods and Formulas, and Early Childhood Mental Health which includes training and technical assistance to child care providers on mental health issues and health and safety issues.

Since 2004, multiple systemic improvements have been successfully implemented including fiscal controls, reorganization of service coordination and POEs for improved management, institution of online database management system (known as TOTS), adoption of the primary service provider model and development of KEDS online data analysis system for child outcomes, purchase and execution of an online training system (Adobe Connect), enforcement of private insurance billing and development of an online insurance billing portal (TOTS Insurance Billings System, TIBS) and administration of revised general supervision system. Since FFY11, Kentucky has attained “Meets Requirements” determination based upon the results of the Annual Performance Report.

The ICC is fully constituted and will continue to assist the state lead agency with the oversight of the early intervention system. Recruiting volunteers for subcommittee activity has been challenging. Participation appears to be dependent upon the topic for the subcommittee.

Fiscal

First Steps is funded through state general revenue, agency funds (Family Share fees and Medicaid reimbursement), and federal Part C funds. Master Tobacco Settlement Funds were used to support the early intervention system during a period of time when budget overruns threatened the program’s existence. First Steps is the contracted Medicaid early

intervention provider. FY 14 revenues totaled $33,335,000. Not included in the state budget are the payments providers receive from private health insurance. Private health insurance paid approximately $1.5 million for early intervention services in FY14. First Steps has experienced budget reductions in the last five years resulting in:

- Flat-funding for contracts;
- Loss of regional teams (technical assistance and training, monitoring and program evaluation and parent support); and
- Staffing issues at SLA.

91% of all funding supports services for children and families in the way of payments to the fifteen Points of Entry (POE) and approximately 1400 Early Intervention Service Providers. The remaining 9% of funding supports state infrastructure:

- SLA staff (see Attachments for listing of positions);
- Technology-assisted Observation and Teaming Support system (TOTS, the data-based child early intervention record and management system);
- Kentucky Early Childhood Data System (KEDS, the data entry and analysis system for child outcomes); and
- Record Review (University based program that provides recommendations for eligibility and service provision, training and technical assistance for evaluators and assessors)

Professional Development: State Lead Agency (SLA) Training Initiatives

Early Identification of Autism

Beginning in 2011, the SLA began an initiative to support early identification of Autism Spectrum Disorders. This ongoing initiative was an interagency approach spearheaded by First Steps with representatives of the Kentucky Department of Education and Department of Behavioral Health, Intellectual and Developmental Disabilities participating in training events. Initial training focused on screening. Participants received child find materials adapted from the Centers for Disease Control "Act Early" campaign and were trained on the administration of the Modified Checklist for Autism in Toddlers Revised (M-CHAT-R)and the Screening Tool for Autism in Toddlers (STAT) screening instruments. Later trainings introduced the administration of The Autism Diagnostic Observation Schedule (ADOS) to the District Child Evaluation Specialists. Reliability training is the follow-up on this specific instrument.

Working with Toddlers with Autism

An extensive course on autism was developed for early intervention service providers. This training involves multiple sessions that includes webinars, face-to-face sessions, and follow-up coaching and problem-solving sessions. Related training included Hanen Centre programs provided for specific early intervention provider types: *Target Word*© was provided to speech and language pathologists who had completed the prerequisite course, *It Takes Two to Talk*©, and *Everyday Interactions for Early Intervention*© was provided to developmental interventionists and occupational therapists.

Trainings to continue the focus on autism are scheduled to begin in March, 2015. This series of hybrid training (combination face-to-face and online) on Sensory Processing in Natural Contexts includes:

- sensory processing assessment with differential diagnostic considerations;
- strengths-based practices overview;
- documentation of coaching and skill transfer using strengths-based language; and
- embedding interventions with natural context.

Family Assessment

The SLA also targeted the Family Assessment as needing significant improvement. The three training and technical assistance staff at the SLA obtained certification as trainers of *The Routines-Based Interview*© by Dr. Robin McWilliam. Dr. McWilliam was then contracted to train one service coordinator from each of the Points of Entry; those who became certified trainers in this process serve as regional supports to help build local capacity. All service coordinators are trained in *The Routines-Based Interview*© and periodic fidelity checks are conducted by both the POE Managers and the SLA certified trainers. Coaching is provided regularly to address issues uncovered in the fidelity checks and to keep service coordinators aware of the critical importance this evidence-based practice has in the development of IFSPs.

Improved Assessment Reports

The SLA convened a workgroup to identify needed revisions to the TOTS assessment report template that would drive strength-based assessment reports in 2012. Subsequently, guidance documents and examples of well-written reports have been disseminated. An online module for the Adobe training system is currently under development.

Other Training

Training has been made available through two additional contracts: one for Assistive Technology and one for evidence-based practices for infants and toddlers with visual impairments.

Training Collaboration with Other State Initiatives

Help Me Grow and HANDS Home Visiting

Collaborative training on the *Ages & Stages Questionnaire* screeners is conducted with First Steps, Help Me Grow, and HANDS home visiting staffs.

Race to the Top-Early Learning Challenge (RTT-ELC) Grant

First Steps is represented on the Training and Technical Assistance workgroup of the Kentucky Strengthening Families Initiative. This activity for family engagement is cited in the Race to the Top Early Learning Challenge grant awarded to Kentucky and overseen by the Governor's Office of Early Childhood. All three SLA training and technical assistance staff are trainers for Kentucky Strengthening Families.

Governor's Office of Early Childhood, Early Childhood Advisory Council (ECAC)

First Steps is also a participating program on the Professional Development workgroup of the Early Childhood Advisory Council (ECAC). Representatives of First Steps are part of the group who will review the Early Learning Standards online modules developed by KET Public television. As the quality rating system for early childhood activities roll-out as planned in the RTT-ELC, opportunities for joint training and other collaborations will occur.

Governor's Advisory Council on Autism Spectrum Disorder

The Part C Coordinator is an appointed member of this council and sits on the Early Childhood Subcommittee. Opportunities for collaboration regarding training will be identified by this committee. Prior to the council formation, First Steps assisted the ad hoc group with grant writing for funds to support early identification of very young children with Autism Spectrum Disorder.

Early Hearing Detection and Intervention (EHDI)

The lead agency for EHDI, the Commission for Children with Special Health Care Needs (CCSHCN), and First Steps has worked together for approximately four years to identify and treat infants with hearing loss. Through a grant, the CCSHCN has provided Otoacoustic Emissions (OAE) equipment to POEs and provides the necessary training for optimal use. The use of OAE screening equipment enables POE staff to rule out hearing loss as a contributing factor to suspected developmental disabilities early in the intake process. CCSHCN is the primary audiology provider for FS in Kentucky. Children who are at risk for hearing loss due to suspected communication delays are referred directly to one of 12 regional CCSHCN audiology clinics for diagnostic testing.

Commission for Deaf and Hard of Hearing and Statewide Educational Resource Center on Deafness

A memorandum of agreement has been developed to support parent training (using the SKI-Hi Curriculum) provided by the Statewide Resource Center on Deafness consultants in conjunction with the Commission for Deaf and Hard of Hearing. This parent education will be provided at no cost to First Steps.

Core Required Training for First Steps POE staff and Early Intervention Providers

Training is required for all service personnel in First Steps. This is established in contract for POE staff and all Early Intervention Service Providers. Training must have prior approval by the SLA for credit hours to meet contract requirements.

Training is provided through webinar, online modules and face-to-face. The SLA purchased the Adobe Connect system for webinar and online training purposes approximately three years ago. The system provides a learner tracking system so that the SLA can monitor compliance to required trainings. Initially, significant staff time was needed to learn the

system and develop the core online training modules. New modules are added when needed and older modules undergo revision as needed.

POEs: Managers

Managers hired prior to July 1, 2014 must complete the following:

- Record Keeping and Confidentiality (within 30 days of contract start date)

The following must be completed within the 2 year contract period:

- 12 hours of management training (leadership, management, supervision, organization, etc.)
- All training required by SLA pertaining to regulation, corrective actions and/or procedures

Managers hired after July 1, 2014 must complete the following within 90 days:

- TOTS Module
- Provider Matrix
- Record Keeping and Confidentiality
- Service Coordination Modules
- Routines-Based Interview (online and Face-to-Face)
- Principles of Child Development

The following must be completed within the 2 year contract period:

- 6 hours of management training (leadership, management, supervision, organization, etc.)
- All training required by SLA pertaining to regulation, corrective actions and/or procedures

Service Coordinators

Service Coordinators hired prior to July 1, 2014 must complete the following within 90 days:

- Record Keeping and Confidentiality
- 12 hours of service coordination related training (time management, organization, documentation, team facilitation, working with families, etc.)
- All training required by SLA pertaining to regulation, corrective actions and/or procedures

Service Coordinators hired after July 1, 2014 must complete the following within 90 days:

- TOTS Module
- Provider Matrix
- Record Keeping and Confidentiality
- Service Coordination Modules
- Routines-Based Interview (online and Face-to-Face)
- Principles of Child Development

The following must be completed within the 2 year contract period:

- 6 hours of service coordination related training (time management, organization, documentation, team facilitation, working with families, etc.)
- All training required by SLA pertaining to regulation, corrective actions and/or procedures

District Child Evaluation Specialists

DCES hired prior to July 1, 2014 must complete the following:

- Record Keeping and Confidentiality
- 12 hours of training related to the role of the DCES regarding evaluation and assessment
- All training required by SLA pertaining to regulation, corrective actions and/or procedures (STAT, MCHAT, and ADOS)

DCES hired after July 1, 2014 must complete the following:

- TOTS Module
- Provider Matrix
- Record Keeping and Confidentiality
- Assessment training on at least 1 of 3 approved assessment instruments
- Bayley Scales of Infant and Toddler Development III
- Ages & Stages III Screener and the Ages & Stages: Social Emotional Development Screener

- Principles of Child Development

The following must be completed within the 2 year contract period:

- 6 hours of training related to the role of the DCES regarding evaluation and assessment
- All training required by SLA pertaining to regulation, corrective actions and/or procedures

Early Intervention Provider Training Requirements: 6 hours approved training per year

(1) Newly enrolling provider:

a. Training on at least one (1) Cabinet approved criterion referenced assessment within three (3) months of the contract start date; unless documentation of pre-service or in-service training on at least one (1) Cabinet approved criterion referenced assessment instrument is submitted with this signed agreement.
b. First Steps online data management system (TOTS) training within thirty (30) days of the contract start date.
c. Training on Record Keeping and Confidentiality within thirty (30) days of the contract start date.
d. Provider Matrix training within thirty (30) days of the contract start date.
e. A minimum of six (6) clock hours of training specific to early childhood development on or before June 30, 2016.
    a. Three (3) hours typical child development with the birth to three (3) populations.
    b. The remaining three (3) hours can be at the provider's choice but suggested topics include cultural diversity, working with families, or disability specific interventions.
f. Any training required by the State Lead Agency pertaining to the implementation of new regulations and procedures.
g. All trainings must have prior approval by the State Lead Agency to count toward this contract requirement.

Renewing provider:

Agree to complete all training required by the Cabinet, including but not limited to the following:

a. Training on Record Keeping and Confidentiality within thirty (30) days of the date of contract renewal.
b. A minimum of six (6) clock hours of early childhood development on or before June 30, 2016, as chosen by the provider and related to working with the birth to three (3) population. All trainings must have prior approval by the State Lead Agency to count toward this contract requirement.
c. Any training required by the State Lead Agency pertaining to the implementation of new regulations and procedures.
d. All trainings must have prior approval by the State Lead Agency to count toward this contract requirement.

First Steps Training Topics

Training for Providers: ONLINE	
New Providers	**Host**
Modules 1-4	Adobe
TOTS	Adobe
Provider Matrix	Adobe
Principles of Child Development	Adobe
Recordkeeping and Confidentiality	Adobe
Assessment (Carolina and HELP)	KY Partnerships for Early Childhood Services
Consultative Model	Adobe
On-Going Training	
Billing Insurance in First Steps	Adobe
AT for Service Providers	Adobe

Documentation	Adobe
Recognition and Prevention of Child Abuse	Adobe
Training for New Providers: Face-to-Face	
Provider Orientation	SLA staff

Training for Manager & Service Coordinators: ONLINE	
New Service Coordinators	**Host**
Service Coordinator Modules (14)	Adobe
TOTS	Adobe
Provider Matrix	Adobe
Principles of Child Development	Adobe
Routines-Based Interview (8)	Adobe
Recordkeeping and Confidentiality	Adobe
Representing Children in First Steps	Adobe
Assistive Tech for Service Coordinators	Adobe
On-Going Training for Managers & All Service Coordinators	
Billing Insurance in First Steps	Adobe
AT for Service Providers	Adobe
Documentation	Adobe
Recognition and Prevention of Child Abuse	Adobe
Talking With Families	Adobe
Family Share	Adobe
Facilitating a Meeting	Adobe
Working with Children with Hearing Loss	Adobe
Training for Managers & Service Coordinators: Face-to-Face	
New Service Coordinators	
Routines-Based Interview	SLA staff
Provider Orientation	SLA staff
On-Going Training for All Service Coordinators	
Documentation	SLA staff
Forms	SLA staff

Training for DCES: ONLINE	
New DCES	**Host**
Bayley Scales of Infant Development	Pearson

Assessment	KY Partnership for Early Childhood Services
STAT	Vanderbilt University
TOTS	Adobe
Provider Matrix	Adobe
Principles of Child Development	Adobe
Recordkeeping and Confidentiality	Adobe
Representing Children in First Steps	Adobe
Assistive Tech for Service Coordinators	Adobe
On-Going Training	
Billing Insurance in First Steps	Adobe
AT for Service Providers	Adobe
Documentation	Adobe
Recognition and Prevention of Child Abuse	Adobe
Talking With Families	Adobe
Family Share	Adobe
Facilitating a Meeting	
Working with Children with Hearing Loss	Adobe
Service Coordination Modules (14)	Adobe
Routines-Based Interview (8)	Adobe
POE Monthly Calls	Adobe
Training for DCES: Face-to-Face	
New DCES	
Ages and Stages Questionnaire (ASQ-3 and ASQ:SE)	POE trained staff
ADOS	U of L/Ohio Valley Educational Cooperative
Record Review	U of L
Provider Orientation	SLA staff
On-Going Training for All DCES	
Documentation	SLA staff
Forms	SLA staff

Technical Assistance

Currently, the SLA has dedicated staff for training and technical assistance that includes the Part C Assistant Coordinator, three technical assistance positions located at the SLA, and one part-time technical assistance position located in Bowling Green, KY (shared position with Kentucky Birth Surveillance Registry). SLA staff addresses implementation of early intervention in the provision of the technical assistance, emphasizing evidence-based practices.

Contracts with University of Kentucky and University of Louisville staffs provide technical assistance on assessment and evaluation practices for both POE staff and early intervention providers. The University of Louisville contract also includes funding for training on evidence-based practices for children with autism spectrum disorders. One smaller contract for technical assistance and training addresses the topic of working with young children with visual impairments and another small contract addresses assistive technology.

Additional training and technical assistance is provided by other SLA staff as needed and typically related to general supervision. SLA staff assists districts in understanding and analyzing district data, developing and monitoring CAPs and self-assessments, and in providing ongoing training related to compliance. Indirect technical assistance is provided through newsletter articles and webinars highlighting specific evidenced-based practices.

The Family Assessment initiative has taken more time than anticipated. Over a year was needed to train all service coordinators statewide. This was accomplished on a staggered timeline with follow-up fidelity checks conducted after the trained POE had opportunity to begin using the *Routines-Based Interview*™ process. The fidelity process included training POE managers prior to their use of the checklist. SLA staff then verifies fidelity by reviewing the POE Manager's report and reviewing a sampling the family assessment and subsequent IFSPs for each service coordinator. Follow-up coaching is based upon the results of the fidelity checks and provided via webinar and face-to-face as warranted.

Data

Kentucky has an online database management system, Technology-Assisted Observation and Teaming System (TOTS) that was instituted in the fall of 2008. Several modifications were added to the original system using federal stimulus funds. TOTS reports and features are based upon individual children's early intervention record. Unique identifiers are issued upon the addition of a new child. All federal 618 reports are generated from TOTS as are several other reports need for the APR. Fiscal management of the system is based on the claims data for services, including insurance support tracking, provider enrollment, and Medicaid billing. The system has thirty (30) reports, fourteen (14) management tools, an online provider directory, insurance billing clearinghouse, and ad hoc capability for reports. Parents can create a log on so that they can access their child's early intervention record.

TOTS is used for monitoring as it serves as a portal for desk reviews of the POEs. Individual child cases can be viewed at the state level and the state staff can impersonate a POE to review information as well. Claims data is easily retrieved and verified since the claim originates from the service note entered when the service is rendered. All data is entered by the POE staff and early intervention providers. Support documents include an online guide, online training module, and support desk services. Face-to-face orientation training is conducted on TOTS as well. Clarification of data elements is provided through memorandums and webinars.

A significant amount of daily technical assistance addresses data entry in TOTS. POE Managers must run specific reports from TOTS as part of the ongoing monitoring of SPP indicators. This data is verified by SLA staff. Additional management reports such as the productivity of district evaluators are shared periodically. Screening, evaluation and eligibility data is shared with the ICC along with quarterly fiscal reports.

Training data is captured in TOTS in the sections for provider enrollment. All enrolled providers have an account on the Adobe Connect system, including POE staff and administrative staff who have access to the personally identifiable information maintained in TOTS. Prior to issuing a fully executed contract, evidence of required training must be submitted and is entered in TOTS. Training that is required post contract execution is monitored through the Adobe system to verify that the training was completed within the specified timelines. Any required face-to-face training is monitored through attendance logs.

Monitoring Early Intervention Practices

The SLA has a straight line of authority for contracted early intervention providers, including POE staff. The SLA has one FTE dedicated to Quality Assurance which includes oversight of monitoring, investigation and resolution of complaints, tracking due process, and development of regulations. Additional staff assists with monitoring and supervision as needed.

First Steps uses a hybrid early intervention record that has two components: TOTS, the online management system that includes an electronic early intervention record for each child and a paper record that includes all forms requiring original signatures, written notices, correspondence and assessment protocols. The combined electronic and paper record is the official early intervention record.

Formal monitoring of early intervention practices occurs during comprehensive program reviews and during provider reviews. The checklist used for monitoring includes items that address alignment of services with IFSP outcomes and citation of data for progress monitoring. Service notes must contain statements of the child's response to the intervention strategies and caregiver's statement of how implementation of the strategies is going. Opportunities to further verify the actual practices used by early intervention providers at the state level occur during technical assistance phone calls and desk reviews triggered by billing questions.

Kentucky's General Supervision System includes:

- Monthly data monitoring on the compliance indicators by the POE
- Data verification by the SLA
- Comprehensive program reviews of POEs and contracted early intervention providers
- Desk audits of the POEs and contracted early intervention providers
    - Family Assessment fidelity checks
    - Assessment and Progress report reviews for completeness and use of data for decision-making
    - Provider reviews of service delivery tied to IFSP outcomes and family assessment
- Billing audits of the POEs and contracted early intervention providers
- Data reviews of the APR indicators
- District determinations of the POE
- POE corrective action plan for noncompliance
- Provider corrective action plan for noncompliance
- Dispute resolution system
    - Complaint investigations
    - Due process hearings

Stakeholder Comments and Recommendations

The SLA has had a period of stability and demonstrated commitment to implementing strategic, long-term improvements. This commitment includes investment of funds and realignment of the use of funds. Strengths noted for the infrastructure included the technology that the state has acquired to assist with management of the early intervention system. TOTS, the web-based data management system, allow the SLA to provide precise technical assistance to providers and service coordinators because of the ability to see the child's record. The Adobe Connect system provides on-demand training to a large population and tracks the usage by provider. The SLA is able to provide training modules as needed and can hold individuals accountable for completion of training. Given the reductions in budget and flat-funding over the past several years, the investment in technology has lessened the impact of the loss of a regional technical assistance system.

Other strengths noted for the infrastructure included First Steps' ability to closely collaborate with other programs that are housed within the Cabinet for Health and Family Services (CHFS), including the Department for Medicaid Services. Kentucky is the only state that holds a direct contract with Medicaid for billing of early intervention services. This allows First Steps to leverage all available Medicaid funding.

Accountability is strong and enforced. Compliance with the requirements of IDEA is consistent with the state attaining a determination of "Meets Requirements" for the past three years. POEs consistently hold the compliance indicators at a high level, typically between 97-100%. APR data reflects the entire database of active and inactive children rather than a sample population and yet, very high levels of compliance are achieved. The SLA has worked hard to achieve partnerships that support the system and ultimately, the families and children served. The volume of work for the available staff is concerning and hampers the SLA's ability to provide frequent and timely communication and support to all POEs and providers.

Kentucky has limited funding for training and technical assistance as the majority of funding supports services. There are no regionally-based trainers and/or coaches. With limited resources, concerns were voiced for capacity to sustain existing initiatives and introduce a new initiative. Existing initiatives are long-term projects due in part to the inability of the SLA to adequately support large-scale implementation and follow-up.

Kentucky is a rural state with great distances and varying resources. Telehealth networks are available and should be explored as an option for providing supports to IFSP teams. Ways to develop local resources for technical assistance need to be explored as well.

Service Coordinators and POE Managers continue to need support to implement the Family Assessment process with fidelity. Loss of in-house coaches due to staff turnover needs to be addressed. The depth of knowledge about family systems, early childhood development and early intervention practices varies tremendously. There is a need to build the knowledge-base of service coordinator. The application of the family assessment process would be enhanced by the

stronger foundation of knowledge. Many POE Managers also need this understanding in order to adequately supervise their staffs.

New providers are often confused by the complexity of the Part C system. There is no mentoring of new providers to ensure that they understand the primary service provider model and differences between clinical interventions and early intervention based on routines. Early intervention providers also need to know the evidence-based practices that are appropriate for the age group served as well as how to deliver those within the context of early intervention.

The low birth to one participation rate was discussed as an area for systemic improvement. POE Managers are tasked with working with the primary referral sources in their regions and a standard curriculum has been provided by the state for this purpose. The Stakeholder group identified the lack of a statewide public relations system as impacting the ability to educate primary referral sources on when and how to refer a child for services. Some members of the group said physicians are often not aware of when to refer a child (the "wait and see" mentality) and others in the community state "I did not know I could refer a child". The state has developed a professional referral portal through the TOTS system which will help to streamline the referral process for many primary referral sources.

Multiple stakeholders recommended that the overall focus of the SIMR should target building the family's capacity to help their child develop and learn. Suggestions were given regarding embedding the protective factors from the Strengthening Families Initiatives as part of the early intervention practices. It was also recommended that training address family and caregiver coaching as a service delivery method.

Development of State Initiated Measurable Result (SIM-R)

October 9, 2014: Identification of State-Initiated Measurable Results (SIM-R)

Stakeholder Participation:

Three parents of children with disabilities
One representative of the Department of Education (619 Preschool Program)
One representative of the Department of Behavioral Health, Intellectual and Developmental Disabilities
One representative of the Institutes of Higher Education
One representative of the Department of Insurance
One representative of the Commission for Children with Special Health Care Needs
Six representatives of Early Intervention Providers
Seven State Lead Agency staff
Sixteen guest representing Point of Entry (POE) staff, Early Intervention Providers and University Programs

Meeting Summary:

The focus of this meeting was the following:

- Recap of workgroup meetings
    - Notes presented from webinars hosted by SLA
    - OSEP must clearly understand why the state chose what they chose for SIMR
    - SSIP must focus on Indicator 3 or Indicator 4
    - Conceptual Depiction of SSIP presented
        - Systemic Improvement Activities
            - Foundation for services
            - Compliance indicators
        - Focus on Concerns
            - Pilot/Implement TOTS referral portal
            - Continue next phase of early identification of ASD
        - Targeted Activities for Low Performers (SIMR)
            - Can address one thing at one POE but must impact systemic improvement
            - Has to be an evidence based practice
- Discussion of proposed SIMR
    - Group charged with reading data and input/findings
    - Provide input on possible SIMR
    - Ideas/Comments due 11/1/14

January 8, 2015: Review of SSIP Progress

Stakeholder Participation:

Two parents of children with disabilities
One representative of the Department of Education (619 Preschool Program)
One representative of the Department of Behavioral Health, Intellectual and Developmental Disabilities
One representative of the Institutes of Higher Education
One representative of the Department of Insurance

One representative of the Commission for Children with Special Health Care Needs
Five representatives of Early Intervention Providers
Seven State Lead Agency staff
Fourteen guest representing Point of Entry (POE) staff, Early Intervention Providers and University Programs

Meeting Summary:

The Theory of Action related to the SIMR was presented, discussed and approved. The theory of action aligns with the Race to the Top Early Learning Challenge Grant, Priority 5 Strengthening Families (Family Engagement).

Stakeholder Comments and Recommendations

The stakeholder group approved Indicator 4C: Early intervention helped the parent learn how to help their child develop and learn as the focus of the SIMR. Intensive training and technical assistance on routines based home visiting to providers in three POEs (Big Sandy, Lincoln Trail and Bluegrass) should be a direct strategy. These POEs were strategically chosen based on the overall participation rates (small, medium and large) and the district determination results (high, medium and low performers). Many of the contracted early intervention providers that serve these specific POEs also work in surrounding POEs and this should affect services to families in those other districts as well.

Training for providers on how to teach parents about the consultative model of service delivery and how it ties to Part C system should be a priority. If the SLA adopts a specific model such as the Hanen program thought must be given to how to individualize services for each family. The Hanen model is a major change in service delivery for speech therapy and consideration should be given to how this would work in Kentucky and still maintain fidelity to the Hanen model. Other service delivery models should be explored for service delivery keeping in mind that any model may have to be adjusted to provide individualized services to the family as families might need more than just early intervention. Consideration should also be given to helping determine appropriate services for the child and family (early intervention versus clinical therapy or both) and helping families understand insurance usage for both types of services.

A recommendation on how to evaluate the effectiveness of coaching parents was made. The SLA should consider a pre and post evaluation tool that will measure the parent's perception of early intervention services over time. The SLA should also explore the feasibility of performance-based service provider agreements that support competency in coaching parents, using data for decision-making, and use of evidence-based practices.

State Initiated Measurable Result (SIM-R)

Early intervention providers will change in their ability to coach parents on interventions and strategies to help their child develop and learn. Parents will change their self-perception of their ability to help their child develop and learn.

The SPP/APR focus for the SIM-R is Indicator 4 C: Early Intervention helped parents learn how to help their children develop and learn.

Issues Driving the SIM-R

- Families do not rate questions targeting Indicator 4 C as highly as others.
- Providers continue to struggle with implementation of primary service provider model and emphasis on teaching parents.
- Service Coordinators continue to struggle with family assessment process to develop an IFSP based on routines.
- Both Early intervention providers and service coordinators lack sufficient knowledge and skill in family-centered services.
- State Lead Agency has limited financial and human resources to support training and technical assistance.

Desired Outcomes

- Families have increased skills to address their children's development and growth.
- Early intervention providers demonstrate use of evidence-based strategies and interventions.
- Early intervention providers are highly skilled in coaching parents/caregivers.
- Children in First Steps demonstrate improved outcome results as a result of more frequent teaching and learning opportunities provided by their families/caregivers.

The SIM-R recommended by the Stakeholder Group was selected by the State Lead Agency (SLA) because it addresses the critical need to support parents learning strategies that enhance growth and development. The Family Outcome data indicates that parents do not report that early intervention helped them learn how to help their children develop and learn as highly as the outcome statements regarding knowing their rights and know how to communicate their child's needs. Other data sources such as the Family Assessment fidelity reviews and monitoring desk audits support that early

intervention service providers do not coach parents at the level desired. The Family Assessment data also indicated that there are disconnects between the priorities and concerns identified by the parents and the IFSP services.

Infrastructure analysis verified that training and technical assistance is the area that has the greatest need for improvement. Given limited resources for training and technical assistance, focusing the majority of those resources on improving the coaching skills of the providers along with strengthening service coordination is appropriate.

The December 1, 2014 settings data indicates that 99.66% of the children served by First Steps are served in homes and community settings. This is consistent with past data. It is appropriate for infants and toddlers to learn by exploring the environment where they are each day. The environment must provide for multiple opportunities to practice the skill so that neural pathways are "hard-wired" into the developing brain. Nurturing relationships with adults is critical for learning. Infants and toddlers are not in classrooms where a specific curriculum is implemented for extended periods of time. Rather, the children are in typical settings that may have routines but not the structure that is found in a classroom environment. Intervention strategies and activities are individualized based upon the child's developmental level and routine. The best way for Kentucky to improve outcomes is to work with parents and caregivers—the people who spend extended time with the children and who create the environments for the children. Effectively teaching parents and caregivers the skills to enhance learning is the only way to "move the needle".

The Kentucky SIM-R is aligned with Race-to-Top ELC Priority: Family Engagement. Kentucky Strengthening Families (KYSF) represents a multidisciplinary partnership of over 20 national, state and local, and public and private organizations dedicated to embedding six research-based Protective Factors into services and supports for children and their families. Supporting families is a key strategy for promoting school readiness and preventing child abuse and neglect. Kentucky Strengthening Families is using the nationally recognized Strengthening Families: A Protective Factors Framework which is coordinated by the Center for the Study of Social Policy.

In Kentucky Strengthening Families, there is a shared commitment to:

- promoting strong families and healthy development for families prenatally through age five;
- partnering with all families and celebrating differences;
- using protective factors as a strengths-based philosophy to buffer for toxic stress;
- building knowledge and skills for individual and system change; and,
- creating safe, stable and nurturing environments for people to have responsive and caring relationships.

Protective factors lay the foundation for the Strengthening Families framework. The protective factors for Kentucky are:

- **Parental Resilience:** Families bounce back, managing stress and moving forward when faced with challenges, adversity and trauma.
- **Social Connections:** Families have friends they can count on by having positive relationships that provide emotional, informational and spiritual support.
- **Knowledge of Child Development:** Families learn how their children grow and develop by understanding child development and parenting strategies that advance physical, cognitive, language, social and emotional development.
- **Concrete Support in Times of Need:** Families get assistance to meet basic needs. Accessing resources that address a family's basic needs, resulting in minimizing stress caused by challenges.
- **Social and Emotional Competence of Children:** Families teach children how to have healthy relationships by establishing family and child interactions that help children develop the ability to recognize, communicate, and regulate their emotions.
- **Nurturing and Attachment:** Families ensure children feel loved and safe by fostering a nurturing family environment where young children develop secure bonds with caring adults.

The family-centeredness and purpose of First Steps is consistent with several of the protective factors: concrete support in times of need, knowledge of child development, parent resilience and nurturing and attachment. The technical assistance and training provided through the activities of the SIM-R will greatly enhance the protective factors.

Improvement Activities to Support the SIM-R

- Focused training on home-visiting using coaching families on evidence-based strategies that fit well with their routines and priorities.
- Development and implementation of quality standards for service coordination.
- Continued training and technical assistance on the family assessment process.

- Development of performance-based contracts for early intervention service providers to attain sustainability.

The primary strategy to implement the SIM-R is the provision of intensive training and technical assistance on routines-based home visiting to providers initially in three POEs (Big Sandy, Lincoln Trail & Bluegrass). The evidence-based practice will be effective coaching with parents on interventions that are embedded in the family's routines. Effective coaching is tailored to the family's level of knowledge and skill. Competent coaches know how to vary their methods to match the needs of who they coach. Better individualization will occur through this process.

The family assessment is the process for identifying concerns, priorities, and needs of the family which is the driving force for IFSP outcomes and services. The emphasis on high quality family assessments will continue. Mentoring will be explored with the possibility of developing a virtual mentoring for new providers using the Adobe Connect system. Both families and providers will participate in pre- and post-assessments of knowledge and skill in enhancing children's learning. The change in families and providers will indicate effectiveness of the SIM-R. The SIM-R activities will be phased in over time with the remaining POEs.

Three Points of Entry were identified for the SIM-R and serve approximately 1102 children on a daily basis. The three POEs are:

- Bluegrass—a large POE serving the central Kentucky area including urban and rural areas
- Big Sandy—a small POE serving eastern Kentucky including mountainous rural areas
- Lincoln Trail—a medium sized POE serving an area outside of the Louisville metropolitan area, including a military base and rural areas.

This selection will provide a large enough pool of providers and families to judge impact of the training and technical assistance. The SLA wants to know how the SIM-R would work for different POEs given the diversity of the state. An added benefit to selecting this group of POEs is that many of the providers serving Bluegrass, Big Sandy and Lincoln Trail also serve families in the counties surrounding each of the three districts. The improved skills of the provider will actually spread to other families not participating in the initial SIM-R.

At the governance level of the system, activities will include streamlining POE intake procedures to create more time for service coordinators to implement high quality family assessments, developing quality standards for Service Coordination that are embedded in POE contracts, and developing quality standards for home visiting in collaboration with other home visiting programs (HANDS, MIECHV HANDS and Early Head Start) to embed in service provider contracts. The identification and access of fiscal resources to support training and technical assistance will also be an ongoing activity.

The state office will be leading the efforts to develop a robust, comprehensive, evidence-based training system. Using the training system already in place as a foundation, growth of that system will include conducting training needs assessments, developing or obtaining training modules to meet identified knowledge needs, aligning all training with quality standards, and leveraging other resources such as professional organizations and licensure boards to provide training consistent with First Steps philosophy and practice.

The general supervision system will focus on use of data to drive POE Manager and IFSP team decisions. The feasibility of developing competency-based performance contracts for service coordination and early intervention service provision will be explored during the next two years. These contracts would include financial incentives such as higher rate of reimbursement for higher levels of demonstrated competency.

Locally, the focus will be on establishing strong, active District Early Intervention Committees (DEIC) who are charged with networking and supporting early intervention services providers in their efforts to implement evidence-based interventions. The DEIC would become a regional "community of practice".

Kentucky Part C Theory of Action

Component	If First Steps:	Then	Then
Governance State Level Support	Aligns its SSIP with the state's Race to the Top-Early Learning Challenge Grant, Priority 5 Family engagement, **Kentucky's Strengthening Families Initiative**, to support eligible children and their parents through: • Supporting the family assessment process • Supporting early intervention providers in coaching parents on how to meet their child needs	Families will be appropriately assessed and data-driven supports will be provided in home and community settings	**There will be improved child outcomes achieved through supports that are focused on teaching families how to help their children develop and learn. Early intervention providers will use coaching and mentoring based upon the family's assessment of concerns and priorities.**
Training & Technical Assistance Based on Quality Standards, Evidence-Based Practices	Develops and implements a standardized, comprehensive, evidence-based training system for all First Steps providers which: • Aligns with *KY Strengthening Families Initiative* • Focuses on the family assessment process • Incorporates ongoing coaching and mentoring • Uses data to drive IFSP decisions	First Steps will build capacity of providers to best support children, families and caregivers participating in early intervention through consistent implementation of First Steps practices statewide.	
General Supervision (Accountability, Data, Monitoring)	Utilizes a general supervision system based on a continuous quality improvement process which includes appropriate incentives and accountability in which: • Teams use data to drive decision-making • Data systems allow for real-time analysis, monitoring, and tracking	The family outcome data will accurately reflect each family's perception of their impact on their child's developmental progression.	
Fiscal Resources and Management	Identifies and accesses adequate funding and resources: • To provide training and technical assistance to providers • To support service coordinators in consistently implementing the family assessment process that leads to improved IFSP development	All staff and providers will consistently implement First Steps practices.	

Local Support & Practices	Coordinates and collaborates at the regional and local levels with the early childhood community: • To use regional/local DEIC teams to develop community resources that support families and caregivers • To identify needs and recruit and maintain providers in underserved areas	Local/regional groups will be best equipped to support children, their families and caregivers.	

Kentucky Part C Theory of Action: Coherent Strategies

SIM-R: Early intervention providers will change in their ability to coach parents on interventions and strategies to help their child grow and learn. Parents will change in their self-perception of their ability to help their child grow and learn.

Component	Input	Coherent Strategies that Impact SIMR (Direct Strategies)	Indirect Strategies that Impact SIMR
Governance **State Level Support**	Align SSIP activities with the state's Race to the Top-Early Learning Challenge Grant, Priority 5 **Strengthening Families**, to support eligible children and their parents through: • Supporting the family assessment process • Supporting early intervention providers in coaching parents on how to meet their child needs	• Streamline POE intake procedures to create more time to implement a high quality family assessment • Develop quality standards for Service Coordination; embed in POE contracts • Develop quality standards for home visiting in collaboration with other home visiting programs (MCHVIE, Early Head Start); embed in service provider contracts	• Revise print materials for families by embedding the Strengthening Families Protective Factors • Revise regulations to include Strengthening Families language where appropriate • Continue collaboration with other early childhood stakeholders, professional discipline associations, and licensure boards to support training and technical assistance
Fiscal Resources and Management	Identify and access adequate funding and resources: • To provide training and technical assistance to providers • To support service coordinators in consistently implementing the family assessment process that leads to improved IFSP development	• Develop a model performance evaluation template specific to Part C Service Coordination • Develop portfolio of reports for POE Managers to use in supervision of the POE and reports for DEICs (provider issues) • Explore and if feasible, develop performance-based early intervention service provider contract with tiered reimbursement tied to level of quality/competence	
Training & Technical Assistance **Based on** **Quality Standards, Evidence-Based Practices**	Develop and implement a standardized, comprehensive, evidence-based training system for all First Steps providers which: • Aligns with *KY Strengthening Families Initiative* • Focuses on the family assessment process • Incorporates ongoing	• Identify evidence-based practices and develop training for providers • Align training with quality standards • Identify/develop early intervention coaches to work with providers	• Re-constitute the CSPD committee of the ICC to assist with development of training needs assessment for providers • Convene an advisory group that includes representatives of licensure boards and Institutes of Higher Education to explore workforce issues

Component	Input	Coherent Strategies that Impact SIMR (Direct Strategies)	Indirect Strategies that Impact SIMR
	coaching and mentoring		
General Supervision (Accountability, Data, Monitoring)	Utilize a general supervision system based on a continuous quality improvement process which includes appropriate incentives and accountability in which: • Teams use data to drive decision-making • Data systems allow for real-time analysis, monitoring, and tracking	• POE Managers use data reports to track practices of providers and service coordinators • Continue Family Assessment fidelity checks • Institute use of Part C performance evaluation for service coordinators • Institute performance competencies for early intervention providers • Develop mandatory training for all providers on data collection and use in intervention planning	• Continue ongoing monitoring and general supervision activities • Develop data dictionary
Local Support & Practices	Coordinate and collaborate at the regional and local levels with the early childhood community: • To use regional/local DEIC teams to develop community resources that support families and caregivers • To identify needs and recruit and maintain providers in underserved areas	• Reinvigorate the DEICs with a charge to assist the POE and early intervention providers with use of evidence-based practices; develop Communities of Practice within the DEIC • Establish mechanism for consistent meetings and feedback for DEIC members • Establish mechanism for ongoing collaboration with other early childhood stakeholders in the region • Develop resources for DEICs to support their local work	• Develop/implement plan for building local/regional resources for training and technical assistance based on needs assessment

Starting Point and Future Targets

Baseline Data

FFY	2013
Data	99.03

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	99.03	99.05	99.10	99.25	99.50

Measurement
Points of Entry (POE) currently receive a report of the family survey results with the data depicted in two ways--POE results reported in percentage based on questions with complete surveys per question (referred to as State data) and the results reported in percentage and mean based on the total number of respondents for each question (referred to as POE data). Kentucky will use the POE data (percentage and mean) for Indicator 4 C as the basis for measuring improvement. The annual Family Survey will continue to be the method for measuring results for this indicator.

Current survey data and projected targets reported to OSEP for Indicator 4 do not allow for a significant improvement. The POE percentage is lower in some POEs as is the mean when compared to the State data. Using the POE data as the signifier of improvement will allow more room for progress.

The state mean for FFY 13 is 4.42 with 88.44% of families reporting that early intervention helped them learn how to help their children when based on the total number of respondents for the questions that comprise 4-C. The POEs that will be targeted for the SIM-R have the following results for Indicator 4-C:

Big Sandy POE: 88.20% families responded early intervention helpful with a mean of 4.41
Bluegrass POE: 86.40% families responded early intervention helpful with a mean of 4.32
Lincoln Trail POE: 89.60% families responded early intervention helpful with a mean of 4.48

Average Mean: 4.40, range 4.32 to 4.48

The POE targets (based on mean scores) for improvement are:

POE	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Big Sandy	4.41	4.46	4.51	4.56	4.61
Bluegrass	4.32	4.37	4.42	4.47	4.52
Lincoln Trail	4.48	4.53	4.58	4.63	4.68

Additionally, the evaluation of the SIM-R will include a pre intervention and post intervention measure of parent's perception of their own competence in helping their child's growth and development. The goal will be to assess the growth in competence as viewed by the parents receiving services. A similar process will be used with early intervention services providers to measure change in their knowledge and skill. These results will indicate the effectiveness of the strategies used to implement the SIM-R.

March 17, 2015: Final Review of SSIP

Stakeholder Participation:

Two parents

Three provider representatives

One representative of the Commission for Children with Special Health Care Needs

One representative of the Department of Insurance

Eleven POE Managers

One representative of the KEDS assessment system

One guest representing a provider agency

Seven state lead agency staff

Meeting Summary:

Part C Coordinator lead discussion of each section; stakeholders gave suggested changes to narrative. Stakeholders unable to attend had been encouraged to email comments to the Part C Coordinator.

Attachments:
POE Rank Order
KEIS Organization Chart
First Steps Staffing

POE Rank Order

Scale:

Meets Requirements — Highest level of determination

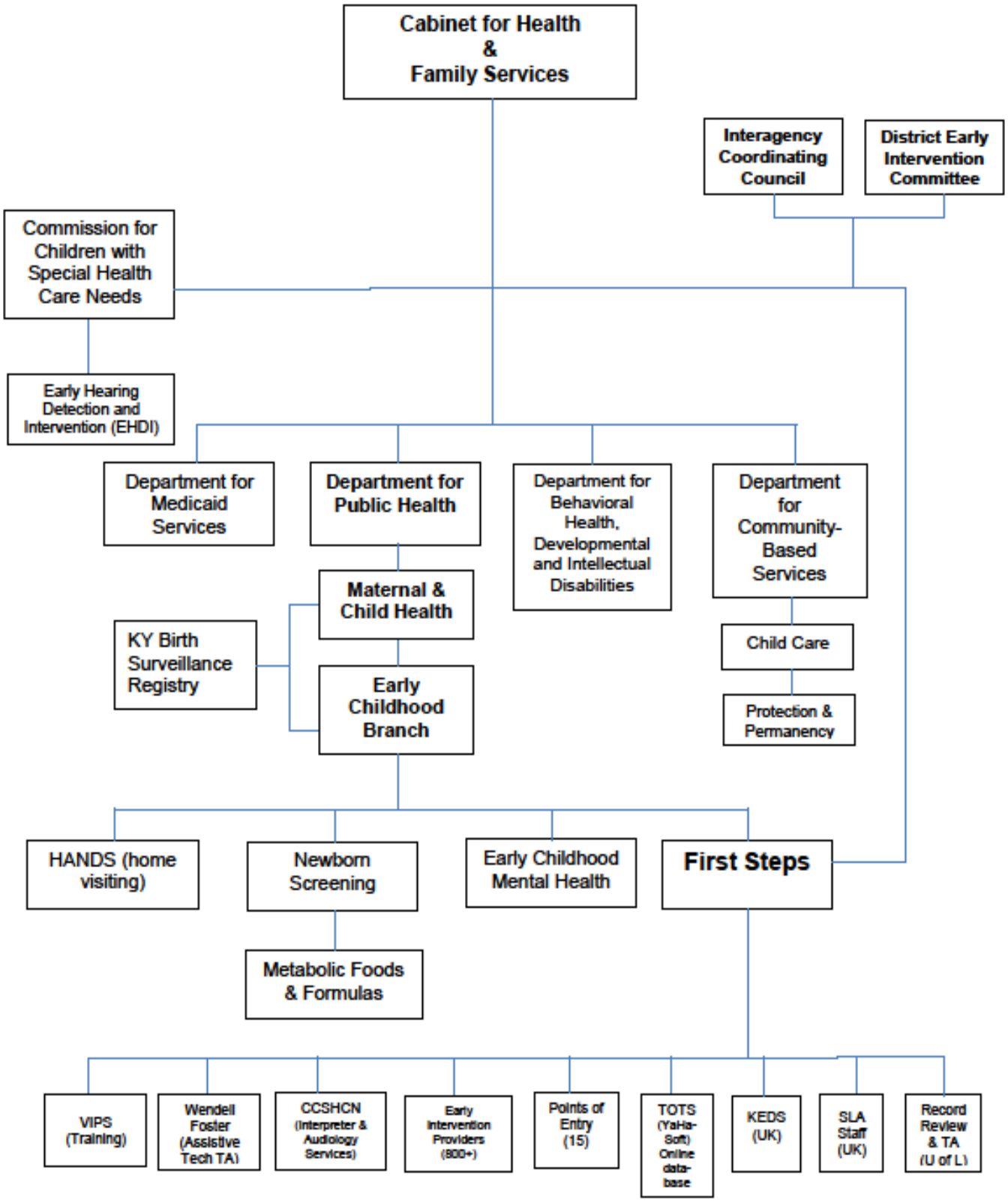
Needs Assistance

Needs Intervention

Needs Substantial Intervention — Lowest level of determination

High Performers			
POE	**FFY 10**	**FFY 11**	**FFY 12**
Kentucky River	Needs Assistance (2) 89% adjusted to 90% Meets Requirements	Meets Requirements 91%	Meets Requirements 94%
KIPDA	Needs Assistance (6) 75% adjusted to 80%	Needs Substantial Intervention (2) 73%	Meets Requirements 92%
Buffalo Trace	Needs Assistance 86% adjusted to 90% Meets Requirements	Meets Requirements 91%	Needs Assistance 89%
Green River	Needs Assistance (5) 68% adjusted to 73%	Needs Assistance (6) 73% Determination reduced to Needs Substantial Intervention (2)	Needs Assistance 86%
Purchase	Needs Assistance 80% adjusted to 85%	Needs Assistance (2) 75% Determination reduced to Needs Substantial Intervention due to 10% slippage	Needs Assistance 83%
Mid-Level Performers			
POE	**FFY 10**	**FFY 11**	**FFY 12**
FIVCO	Needs Assistance (6) 77% adjusted to 83%	Needs Assistance 84%	Needs Assistance (2) 86%
Barren River	Needs Assistance (2) 82% adjusted to 83%	Needs Assistance (3) 75%	Needs Assistance (4) 83%
Lincoln Trail	Needs Assistance 80% adjusted to 83%	Needs Assistance (2) 73% Determination reduced to Needs Substantial	Needs Assistance 75%

		Intervention due to 10% slippage	
Gateway	Needs Assistance (6) 84% adjusted to 85%	Needs Assistance 84%	Needs Assistance (2) 72%
Big Sandy	Needs Assistance (2) 84% adjusted to 90% Meets Requirements	Needs Assistance (1) 82%	Needs Assistance (2) 69%
Low Performers			
POE	**FFY 10**	**FFY 11**	**FFY 12**
Northern Kentucky	Needs Assistance (3) 84% adjusted to 85%	Needs Assistance (4) 82%	Needs Intervention 86%
Cumberland Valley	Needs Assistance (4) 75% adjusted to 78%	Needs Assistance (5) 75% Determination reduced to Needs Intervention (2)	Needs Assistance (6) 83% Determination reduced to Needs Intervention (2)
Bluegrass	Needs Assistance (4) 82% adjusted to 83%	Needs Assistance (5) 80% Determination reduced to Needs Intervention (2)	Needs Assistance (6) 81% Determination reduced to Needs Intervention
Pennyrile	Needs Assistance (3) 73% adjusted to 78%	Needs Assistance (4) 66% Determination reduced to Needs Substantial Intervention due to more than 10% slippage	Needs Substantial Intervention (2) 72%
Lake Cumberland	Needs Assistance (3) 77% adjusted to 83%	Needs Assistance (4) 80%	Needs Intervention 67%



SSIP Workgroup 9/14

First Steps Staffing at Lead Agency

Part C Coordinator: Program Administrator, Data Manager (federal reports), liaison with OSEP, SPP/APR preparation and submission, Part C grant application preparation and submission, ICC reports, contract scope of work development

- Additional Duties: Branch Manager, Race to Top/Early Learning Challenge Team, Technical Assistance (TA), investigation/resolution of payment issues, EOB processing as needed, general supervision/monitoring TA

Assistant Part C Coordinator: Training and Technical Assistance Lead, Adobe Connect Manager, online module development, TA (phone/email), POE TA procedures, family assessment training and fidelity monitoring, provider enrollment oversight

- Additional Duties: Policy & Procedure Manual, SPP/APR preparation & indicator responsibilities, contract scopes of work, general supervision/monitoring

Section Supervisor: POE Liaison, office operations

- Additional Duties: KPFC Representative

Financial Administrator: Contracts and payments, AT claims approval, website, Medicaid liaison

Financial Assistant (part-time): Contracts management

Family Share Administrator: Invoice/Collection of Family Share Fees, technical assistance on Family Share, policy development for Family Share

- Additional duties: Assessment claims approval, late note entry

Quality Assurance Administrator: Monitoring, Complaints, Due Process, Regulations

- Additional duties: TOTS Support, AT Monitoring Committee, TA on regulations and procedures, SPP/APR preparation and indicator responsibilities

3.5 FTE Technical Assistants: TA questions (phone/email) Provider Orientation, family assessment training and fidelity monitoring, online module development

- Additional duties: Family Survey Administration, EHDI liaison (including OAE trainings), claims approval; chart review, SPP/APR preparation and indicator responsibilities, newsletter

Parent Consultant: Liaison with parent groups/organizations, technical assistance to families, review/assist with development of policy and materials

- Additional duties: SPP/APR preparation, follow-up with families from survey results

Provider Enrollment (Temporary Staff): Enrollment new providers, changes to existing agencies, enrollment questions

Administrative Specialist: Provider Matrix monitoring and assistance, general phone coverage, receive/send mail

Administrative Specialist (three full time employees): Insurance Processing, payment adjustments, TA on claims processing, Medicaid resubmissions and monitoring, TIBS enrollment, support and re-billing claims

- Current Total Staff: 16 FTE (1 temporary staff; two part-time staff; one vacancy)
- Current Staff designated for Training and Technical Assistance: 3.5 FTE